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Project Evaluation Report

PLEASE PRINT/TYPE

PROJECT TITLE _____

GRANT RECIPIENT (ORGANIZATION OR INDIVIDUAL CONDUCTING THE PROJECT) _____

PROJECT LOCATION _____

EVALUATOR _____ DATE OF EVOPV _____

Please rate the project by circling a number on a scale of one (poor) to ten (outstanding).

1. Overall project quality

1 2 3 4 5 6 7 8 9 10

2. Community impact/public service value

1 2 3 4 5 6 7 8 9 10

Please explain your rating: (Use other side if necessary)

Many thanks for your assistance. Please return the completed form to Karin Wolf, Madison Arts Commission, P.O. Box 2985, Madison, WI 53701-2985.