



GRANT ASSISTANCE PARTNERSHIP Project Evaluation

Neighborhood Association				
Project Activity				
Date Project Completed				
GAP Grant Funds Used:	\$			
Estimated Total Cost of the Activity (GAP funds <i>and</i> other sources)	\$			
No. of Persons Served				
Sign-in sheets attached?	Yes		No	
Photo's attached?	Yes		No	
Publicity attached? (newsletters, flyers, etc.)	Yes		No	
Did the printed publicity note that the project was funded in whole or in part by the GAP program?	Yes		No	

1. Please provide a brief summary of this activity:

2. Did you achieve the desired outcomes for this project? Why? Why not?

3. List the groups that partnered with you on this activity.

Signature

Date



**GRANT ASSISTANCE PARTNERSHIP
EXPENSE REPORT and/or CHECK REQUEST**

Neighborhood Association:							
Receipt No.	Receipt Date	Vendor	Item Purchased	Amount Spent			ACTIVITY
				Total	CDBG	United Way	
				\$	\$	\$	
Total Spent				\$	\$	\$	
Reimbursement Requested				\$			

I certify that the above information is correct. Expenditures have been made according to the approved GAP budget.

Signature

Date