

EXHIBIT B
BROWARD CULTURAL COUNCIL
CHALLENGE GRANT PROGRAM PROJECT EVALUATION REPORT

Organization:	
Mailing address:	
Project Director:	Telephone: _____ Ext.: _____
Project Title:	BCC # CGP _____.
Project began:	Total Cost of Project: \$
Project ended:	Grant Award: \$
	Matching funds: \$
Purpose of the Special Project grant: (circle one)	
Part A:	Planning Technical Assistance Stabilization Use of Improved Technology Endowment Equipment Other
Part B:	Renovation Expansion Equipment New Construction Facility acquisition

1. What was the goal of the project? Was it met? If so, how? If not, why?

2. What were the objectives to achieve this goal? Were they met? If so, how? If not, why?

3. What do you anticipate being the long-term impact of this grant project on your organization?

One additional page may be attached if necessary.

CERTIFICATION

It is certified by the undersigned that the information provided is true and correct, and the expenditures were incurred solely for the purpose of the approved referenced grant activity.	
Signature	Signature
(Name Typed)	(Name typed)
Chief Administrative Officer	Project Director
Date:	Date:

For BCC use only	
Date received:	Reviewed by:
Complete? yes ___ no ___.	If incomplete, grantee notified (date):
Revised report received (date):	Complete? yes ___ no ___.