Deadline: To be returned upon completion of grant or no later than **09.30.23**

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| Organization: |  | Project Name: |

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| Please briefly summarize the goals of your project. Were you able to attain the goals of your project? Please explain. Were there any unexpected successes/benefits? |
| What method was used to evaluate the project? Please detail program/project results and the tools you used to measure the change. |

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| Were there any unexpected barriers to overcome? What were they and how were you able to address them? |
| Do you plan to continue the project? If yes, will any of the past year’s experiences cause you to change the project? If yes, how will the project be changed? |

How did you recognize the Humboldt County Community Foundation for the grant on your project, and was there any other publicity? Please describe and attach copies. Please include pictures of your project implementation and/or results.

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| **Organization/Project Contact Person Signature** |  | **Date** |