## **The Greater Madison County Community Foundation**

1217 North 6th Avenue, Suite 3

Winterset, IA 50273

515-462-1891

Evaluation – To be returned upon completion of grant or project year-end, April 30th 2025

Organization:	Project Name:	
Was your organization abl Foundation? Yes	e to complete the project as originally No	y presented to the Community
1	n the original proposal presented to the ges were made or occurred and why?	•
Does your organization pla Can you briefly describe w	an to continue the project? Yes what continuation of this project would	
completion. (The Communi	ny receipt/invoices/project photos so ty Foundation reserves the right to use an	y of these photos for publicity).
	licity, including any recognition of the se describe and/or attach copies.	e Community Foundation grant, on
Do you have any feedback for the Community Foundation regarding any aspect of the grant cycle or application process so we might improve in the future?		
Signature:	Print:	Date:

Please submit evaluation documents to the Community Foundation Administrator Ryan Marquardt at director@madisoncountydevelopment.com or 1217 N 6th Ave. Ste 3, Winterset, IA 50273 by April 30th of the year after your grant was awarded.

A fillable PDF version of this form can be found at: tinyurl.com/GMCCFForms