

ALMA CENTER AREA  
COMMUNITY FUND

**Grant Evaluation Form**

Return this form upon completion of the project no later than 12 months from the date the Grant funds were received.

Name of Organization:

**EIN#:**

Address:

Amount of Grant Awarded:

Date:

If possible, please provide photographs of completed project. We may use these photographs in future written materials or on our website. You may submit photographs digitally to [executivedirector@brfareafoundation.org](mailto:executivedirector@brfareafoundation.org)

1. What was your grant request?
2. Do you believe you met the goal you defined in your grant application?  
If no, please explain.
3. Did you meet the special conditions (if applicable)?
4. Please describe how the funds were used – See Page 2 of this form.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Email \_\_\_\_\_ Telephone: \_\_\_\_\_

**PLEASE SEND US PICTURES!!!**

Return this form to:  
Black River Falls Area Foundation  
P.O. Box 99  
Black River Falls, WI 54615  
or email it to: [executivedirector@brfareafoundation.org](mailto:executivedirector@brfareafoundation.org)

ALMA CENTER AREA  
COMMUNITY FUND  
**EXPENDITURES BY GRANTEE**

	<u>DATE</u>	<u>PAYEE</u>	<u>AMOUNT</u>	<u>PURPOSE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

TOTAL = \_\_\_\_\_

BALANCE TO SPEND (IF ANY)

---

---

---

---

---

---

---

---

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME & TITLE

RETURN THIS FORM TO: BLACK RIVER FALLS AREA FOUNDATION  
PO Box 99  
BLACK RIVER FALLS WI 54615