

## Mini-Grant Program Evaluation Form

Program Title:

Program Contact Person/Phone Number:

Program Date/Time:

Attendance:

General Program Description:

What were the aims of the program and how well did you meet them?

What was the feedback from participants? How did you collect this feedback?

What resources did you use for this program (people, places, equipment, materials)? What were your budget expenses?

If you were to conduct this program again, what would you do differently?

Would you do this program again? Why/why not?

**Please return this completed form, samples of publicity materials and any receipts/unused funds to the Wellness Center within two weeks of the event.**