

**Grant Evaluation FORM**  
**YOUTH TO YOUTH GRANT**  
**Buffalo County Youth Advisory Board**

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**Name of Youth Group:** \_\_\_\_\_

**Title of Funded Project:** \_\_\_\_\_

**Date Report Due:** \_\_\_\_\_ (Date report submitted \_\_\_\_\_ *for office use only*)

**Total Awarded Funds:** \_\_\_\_\_

This evaluation should be completed following the conclusion of your program and by date noted above. Please limit the narrative of your responses to no more than three pages.

Briefly describe your grant project making sure to further explain the following questions:

- 1) Did your project meet your youth group's expectations?**
  
- 2) What impact did your project have on your community/school/neighborhood?**
  
- 3) Who was involved in your project?**
  
- 4) Were all grant funds spent?**  
(Attach a line item budget explaining how funds were spent.)
  
- 5) Will this program continue?**
  
- 6) List any barriers or road blocks encountered that impacted your grant program. How were you able to overcome these barriers or road blocks?**
  
- 7) Describe the celebration activities that were planned as a part of this grant.**