Forest Grove Public Arts Commission
Project Summary & Evaluation
(For reimbursement of expenses for mini-grant recipients)
(To be submitted within 30 days after funded event or grant money is forfeited)

Project Name: _____

Contact Name(s): _____

Contact Phone(s): H:_____ W:_____

Address: _____

E-Mail Address: _____

Description of Project (Attach photos, and promotional information, if possible. Attach sheet, if desired):

Date Completed:_____

Total Grant Approved by PAC: _____not to exceed $500_____

Actual Expenses:

Personnel: (describe) _____ Total Cost: _____

Materials & supplies: (describe) _____ Total Cost: _____

Marketing & publicity: (describe) _____Total Cost: _____

Other Expenses: (describe) _____ Total Cost: _____

Total amount of reimbursement request: (not to exceed approved grant) _____

Name and address for reimbursement by check (only if different from above):

_____

In-kind Contributions: Total $ Amount of In-kind Contribution: _____
(briefly describe):

Name of organizations that partnered or collaborated with this project:
_____

How many people in the community participated in this project? (if applicable) _____

How did this project benefit the people of Forest Grove?

Signature(s) _____ Date_____