

## Project Evaluation Form

Lambda State Foundation for Educational Studies, Inc.  
(MUST be returned at completion of project)

Return completed form to Beverly Ann Madsen, 905 Knottingham Drive, Ottawa, IL 61350-4225  
Or return electronically to [foundation.lambda.ilstate@gmail.com](mailto:foundation.lambda.ilstate@gmail.com)

Project Title: \_\_\_\_\_

Project Applicant \_\_\_\_\_ Chapter \_\_\_\_\_

Amount of Stipend Received: \_\_\_\_\_ Date & Year Stipend received: \_\_\_\_\_

Amount Actually Spent: \_\_\_\_\_

Date of Project-Evaluation Form (mm/dd/yyyy): \_\_\_\_\_

1. The project application indicated it would serve approximately \_\_\_\_\_ people.
2. The actual number of people served was \_\_\_\_\_.
3. How was your stipend actually used: *Please itemize*

<i>Item:</i>	<i>Authorized Amt.</i>	<i>Actual Expense</i>

*If there is a balance, please return to The Foundation:*      *Total:* \_\_\_\_\_ *Total:* \_\_\_\_\_

4. What (if any) changes in your original project design were necessitated by chapter, community organization, and/or Foundation funding that was less than expected?
5. How many chapter members (if any) contributed time to this project? \_\_\_\_\_
6. What was the best aspect of your project?
7. What would you change if you ever did this project again?
8. Please list any other evaluation items you are submitting along with this form.
9. Do you have future plans to follow up this project? Please explain.

*Thank you for improving education in Illinois by completing this Foundation-assisted project!*