

NCDA MINI-GRANT EVALUATION FORM

Today's date: _____

Name of your organization: _____

Contact name: _____

Contact email or phone: _____

Amount of your Mini-Grant: _____

Date, Time, and Place of your event:

Description of your event:

of Participants: _____

Fee Charged: NCDA Members: _____ Non Members: _____

Did anyone join NCDA at your event ___ Yes ___ No

If so, please include all completed membership forms and dues with this evaluation.

How did the money you received from NCDA assist you in producing this event?

Other comments about NCDA and its programs:

May we use your comments about NCDA and its programs in our publications?

___ Yes ___ No

Your signature: _____ Date: _____

Your name printed: _____

Thank you for completing this evaluation. Please return to: NCDA, P.O. Box 10688, Raleigh, NC 27605, along with any printed materials from your event such as a flier or program that you would like to share with us for our Mini-Grant archives.