

EVALUATION FOR PROGRAMS RECEIVING TAP
FROM THE CANAL DISTRICT STRATEGY COMMITTEE
OF THE UNITED METHODIST CHURCH

PROGRAM TITLE _____

ADDRESS _____

PHONE _____ PERSON RESPONSIBLE _____

AMOUNT GRANTED _____ AMOUNT SPENT _____

(Please return unspent money)

1. Explain the project and what happened.

2. How many people were reached?

3. How was the money spent? (Attach a statement of program spending)

Signed _____ Date _____

Return to: Sheryl A. Reynolds
treasurercanal@gmail.com or
The Canal District Office
800 E. Market St.
Akron, OH 44305