

GRANT EVALUATION

*For those Providers who have received a GRANT from the
WNCC Leadership Development Team*

Please submit evaluation form within 30 days of completion of the program.

Date: _____

Name of Provider: _____ Grant Amount: \$ _____

Person submitting evaluation:

Name: _____ Title: _____

Email: _____ Phone: _____

Address: _____

Name of Program or Event: _____

1. Describe the program or event. Please include the name, date, objectives, instructor's names and credentials, syllabus, a list of attendees and an explanation if there were any modifications to the original proposal.
2. How did this program help to enhance effective leadership?
3. Please obtain a brief personal story from a participant highlighting how their leadership capacity was enhanced through this program. *This may be used in WNCC media and publications.*

