

**BLACK HISTORY MONTH SMALL GRANTS 2008
EVALUATION FORM PLEASE RETURN BY FRIDAY NOVEMBER 14 2008**

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| NAME OF ORGANISATION | |
| NAME OF PROJECT | |
| DESCRIPTION OF THE PROJECT | |
| DATES OF DELIVERY | |
| NUMBER OF PARTICIPANTS INVOLVED IN THE PROJECT/ACTIVITY (please give us details of age ranges and those from minority groups e.g. BME groups, those who consider themselves to have a disability) | |
| TOTAL EXPENDITURE | |
| PARTNER FUNDERS/SPONSORS | |

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Please tell us what went well

Please tell us what didn't go well

Additional comments

Signed.....Date.....