

Southwest Minnesota Arts & Humanities Council

1210 East College Drive, Suite 600, Marshall, MN 56258

507/537-1471 or 800/622-5284

Grant Site Visit Evaluation

Project Name &

Location: _____

Producing or Sponsoring

Organization: _____

Date of Site Visit: _____ Audience Size (approximate): _____

General Audience reaction:

Did the project differ in any way from the original description in the application?
Describe any changes:

Was the grant acknowledged in the promotional material and at the program as specified in the grant contract? All publicity and promotional material for the project must include the following credit line: "This activity is made possible in part by a grant from the Southwest Minnesota Arts and Humanities Council (SMAHC) with funds appropriated by the State Legislature."

General comments:

Evaluator: _____ Area of Expertise: _____

Address: _____

Number of miles traveled (round trip): _____

Are you requesting reimbursement for your mileage? _____ yes _____ no

Contact the SMAHC office at the address listed above with any questions. Please return questionnaire to: SMAHC, 1210 East College Drive, Suite 600, Marshall, MN 56258.