

Grant Recipient Name: _____
Grant Recipient Address: _____

INVOICE

Bill To: City of Encinitas
Community Grant Program
505 S. Vulcan Avenue
Encinitas, CA 92024

INVOICE: _____
DATE: _____

DESCRIPTION	TOTAL
COMMUNITY GRANT PROGRAM REIMBURSEMENT AMOUNT DUE FROM ITEMIZED EXPENSE FORM	
TOTAL:	

If you have any questions concerning this invoice, contact grant recipient.



EVALUATION FORM
CITY OF ENCINITAS COMMUNITY GRANT PROGRAM
FY2019/20

Date _____

Organization: _____

Address: _____

City: _____

Phone: _____

Email: _____

State the goals and objectives of your project and whether they have been met.

How were the goals and objectives of your project measured?

Who participated in the evaluation process?

How was the City's funding for this project utilized?

How many Encinitas residents did you expect to serve through the project?

How many Encinitas residents did you actually serve through the project?

Based on the outcome of this year's project, what changes/improvements will you make next year?

Positive outcomes?

Negative outcomes?

Complete this form by June 30, 2020, and return to:
Parks, Recreation and Cultural Arts Department
City of Encinitas
505 S. Vulcan Avenue
Encinitas, CA 92024