PFLAG Portland Mini-Grant Recipient Project Evaluation

Project Name:

Contact Information

School/Organization _____
Phone _____
Email _____

Partner Organization _____
Phone _____
Email _____

Youth Contact _____
Phone _____
Email _____

Sponsor/Advisor _____
Phone _____
Email _____

All contact information will remain confidential.

Project Description

Briefly summarize your project.	

Project Outcomes

Project Date _____
Project Location _____
# of Participants _____

On a scale of 1(lowest) to 5 (highest), how successful was your Project? _____

How would you improve your project?	
Have you received any participant feedback you wish to share?	
How can PFLAG Portland work with you in the future?	