

**Learning Funds
Evaluation of Funded Project**

Date:

Name of Ministry or Group (if applicable):

Name of Contact person:

Address:

Email:

Phone:

- Individual**
- Groups**
- Ministries**

What is the project for which you received funds?

Why was funding assistance important to your project?

How was this project creative, experimental and/or innovative?

How did you benefit personally from this project?

How did you share your learning with the wider church? Was this a positive experience?

How many people did you reach? (If you don't have exact numbers, please approximate)

_____ Lay adults

_____ Clergy

_____ Youth

Please return this evaluation form to Toronto Conference, 65 Mayall Avenue, Toronto, ON, M3L 1E7. Please attach a copy of any program materials you have (e.g. agenda for a workshop, publicity materials, etc).