



**Appendix B**

**Municipal of the District of St. Mary's  
Grants to Organization - Funding Evaluation Form**



Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Describe how the grant contribution was used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did this grant benefit the community as anticipated or expected?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Title/Position

\_\_\_\_\_  
Signature Date

**Completed evaluation forms should be sent to Marian Fraser, Director of Finance**

Mail or in person:  
8296 Highway 7, PO Box 296  
Sherbrooke, NS B0J 3C0