Print Form

UTAH DIVISION OF arts & museums

Utah Division of Arts & Museums
Office of Museum Services

EVALUATION REPORT FORM
DEADLINE: June 1, 2011

- Send completed form to:

Utah Division of Arts & Museums
617 East South Temple
Salt Lake City, UT 84102
(801) 236-7550 – Fax (801) 236-7556

Museum_____

Mailing Address _____

City _____ Zip _____

Project Director _____ Daytime Phone _____

RE: Contract #_____

Project Description

1. Describe the project – *What did you do? When? Where?*

   A. What is the project?

B. How did you accomplish the project?

2. Describe objectives that the project sought to achieve, and were you successful in achieving these objectives?

3. Describe the long-term benefits of this project to your museum and the community.

I certify that the foregoing information is true and correct and that all expenditures were incurred solely for the purpose of the above-mentioned grant.

Signature _____

Title _____ **Date:** _____

BUDGET

EXPENSE ITEMS	OMS GRANT REQUEST	IN-KIND* MATCH	CASH MATCH	TOTAL EXPENSES
Museum Personnel (*as applies to project*)		$	$	$
Contracted Personnel/ Consultants	$	$	$	$
Publicity and Promotion	$	$	$	$
Printing	$	$	$	$
Supplies	$	$	$	$
Equipment	$	$	$	$
Other	$	$	$	$
TOTAL EACH COLUMN	**$**	**$**	**$**	**$**

**For in-kind matching, volunteer hours are calculated at $10 per hour, unless the volunteer is donating services which she/he provides as part of her/his profession, in which case time is calculated at that person's professional rate.*

BUDGET EXPLANATION

Museum Personnel

Contracted Personnel /Consultants (Attach consultant's resume)

Promotion and Publicity

Printing

Supplies

Equipment

Other