



Member Originated Activity Project Evaluation

Would you repeat this project? Yes No

1. Description of project (include product or service and source of product or service).

2. Timeline: Beginning of project: ___/___/___ Completion of project: ___/___/___

Actual date and time of event (if applicable): Date ___/___/___ Time _____

3. Number of participants: Volunteers* _____ Total number of participants _____

* Please list volunteers on back so we can track their service. Members and non-members are welcome!

4. Budget (attach separate sheet if desired)

<u>Income</u>		<u>Expenses</u>	
Start-up funds (if applicable)	\$ _____		\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total Income	\$ _____	Total Expenses	\$ _____

Total Income \$ _____ less Total Expenses \$ _____ = Total Project Proceeds \$ _____

(Return total project proceeds within 30 days of project completion as a check or money order to VU Guild. All funds due by June.)

5. What, if anything, might be changed in the future to improve this project?

6. Would you be willing to help other Guild supporters seeking to do a similar project? Yes No

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Please return completed form to: Loke Hall – VU Guild, 1100 Campus Drive South, Valparaiso, IN 46383