



# Neighborhood Matching Grants



## 2009 FINAL REPORT

Contact Information	
Neighborhood:	Date:
Contact Person:	
Mailing Address:	
Email Address:	
Day Phone:	Evening Phone:

Briefly Describe Each Project	Project Cost
Project #1:	
Project #2:	
Project #3:	
Project #4:	
Project #5:	



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#### 1. Project Information

What aspects of the project were most successful and why?

What aspects of the project were most difficult and why?

Overall, did the project meet its original goal(s)?

#### 2. Neighborhood Involvement

How were neighborhood residents and organization members involved in implementing the project?

How many people were involved?

#### 3. Ongoing Maintenance

If applicable, how will this project be maintained in future years?

Comments or suggestions regarding the grant program.

