

Children's Services Council of Okeechobee County
Summer Activity Program
2019-2020
Final Evaluation

Date: _____

Program Name: _____ Program Director: _____

Contact Telephone Number: _____ Physical Address/Location of Program: _____

Grant Amount Approved: _____

Funds Expended _____

Total Number of Children Served:

Total Number:

Males	_____	Females	_____		
W	_____	B	_____	H	_____
AI	_____	Other	_____		
Ages 0-5	_____	Ages 6-12	_____	↑12	_____

State outcome as written in proposal

Evaluation: (State how your summer program achieved its outcome. Provide positive statements about your program and anything that you saw as a problem.)

Agency Signature

Date

Monitor Signature

Date

Budget Evaluation:

- Attach receipts for expenditures and signed payroll by employee.
- Final CSC checks will be written no later than **Tuesday, August 25, 2020**
- **Agencies must turn in receipts, final evaluation forms, and audit/financial statements, if required, to the CSC office by e-mail, mail or hand-delivered.**