



SOUTH CENTRAL KANSAS LIBRARY SYSTEM

SCKLS 2010 LIBRARY PROGRAMMING GRANT EVALUATION
EVALUATION – DUE 1 MONTH AFTER THE PROGRAM

(To be eligible for a grant in the next calendar year, this evaluation must be returned.)

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01-10

Evaluation should be type-written or in block print.

Library: _____

Evaluation submitted by: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____ E-Mail: _____

1. Date of library program and number in attendance:

2. Description of library program and how it met community needs:

3. Final budget for the grant monies:

4. Please attach any promotional materials for your event.

MAIL to: Tom Taylor
SCKLS 2010 Library Programming Grant
321 North Main Street
South Hutchinson, KS 67505

FAX to: 620-663-9797
ATT: Tom Taylor