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|  | ***LEAGUE OF WOMEN VOTERS OF TEXAS***  ***EDUCATION FUND***  ***1212 Guadalupe St. #107***  ***Austin, Texas 78701-1800***  ***512-472-1100*** |  | ***Project #*** |

# ***Project Director’s Evaluation***

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| LWV of | Project |
| Project supervisor | |
|  | |
| 1. Describe the primary accomplishment of the project. | |
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| 1. How many persons did the project reach? How was this accomplished? | |
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| 1. Was the project successful? Describe how well it served the public. | |
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| Signature of Local League Project Director | | Date |
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| -   - | -   - |  |
| Daytime phone | Evening phone | E-mail address |
|  |  |  |
| *Send one copy to TEF project supervisor. Attach (a) the Project Financial Report, along with allreceipts and (b) all local publications, invitations, programs, printed publicity, and other printed materials.* | | |