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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 |
|  |  |  |
|    -   -     |    -   -     |       |
| 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.* |