



LET'S TALK ABOUT IT

PROJECT DIRECTOR'S CONCLUDING EVALUATION REPORT

PLEASE RETURN TO
Carolyn Allen
North Carolina Humanities Council
122 North Elm Street, Suite 601
Greensboro, NC 27401
Tel: (336) 256-0140 Fax: (336) 334-5052

Project Number: _____

Final Report Due Date: _____

I. Background Information:

- A. Submitting Institution(s): _____
- B. Project Title: _____
- C. Project Director (name and address) _____
- D. Grant Award Amount: _____
Gift-and-Match: _____
In-Kind Contribution: _____
- E. Dates of Programs: _____
- F. Site of Programs: _____
- G. County of Project: _____
- H. Congressional District: _____

II. Publicity

How did you **promote** and **publicize** your project?

III. Audience

- A. Where was/were your program(s) presented?

B. To the best of your knowledge, please describe the audience members who attended your program:

% Racial/Ethnic Background

% Gender

% Educational Background

African-American:
 Asian American:
 Latino:
 Native American:
 Caucasian:
 Group not listed:

Female:
 Male

Limited:
 High School:
 College:
 Post-Graduate:

% Population

% Age

Socio-Economic Description

Urban:
 Rural:

Children:
 Adult:
 Retired:

C. General Comments about Audience Participation:

IV. LTAI Program Summary Form

	BOOK I	BOOK II	BOOK III	BOOK IV	BOOK V
Title of Book					
Date					
# of Participants					
# of Discussions					
Name of Scholar					
Affiliation					

