



## Greater Madison County Community Foundation Cemetery Restoration Fund Evaluation Form

Please Submit Grant Evaluation Form electronically (if possible) to:  
[director@madisoncountydevelopment.com](mailto:director@madisoncountydevelopment.com)  
1217 N. Sixth Ave. Suite 3  
Winterset, IA 50273

**Please Submit this Form Within 30 Days of Project Completion.**

Name of Organization: \_\_\_\_\_

Contact Person for Application: \_\_\_\_\_

Fiscal Sponsor Organization Name (if applicable): \_\_\_\_\_

Cemetery or Cemeteries Work Completed In: \_\_\_\_\_

Number of known damaged stones in cemetery or cemeteries. (The project may have altered these numbers and that additional damage may have been uncovered. Please list the number of damaged stones in each cemetery: \_\_\_\_\_

Please Describe any Project Challenges Faced:

Please Provide any Feedback that Might Improve the Cemetery Restoration Fund:

Please attach paid invoices or receipts along with photographic documentation of completed work. The Greater Madison County Community Foundation reserves the right to use any pictures used in grant submittal and/or reporting for promotional purposes.

### Approval Agreement from Applicant Organization

You believe the work have been completed to your satisfaction and fulfills the original grant request.

Board Chairperson or Designated Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_