

# South Dakota Arts Council

711 E. Wells Avenue  
Pierre, SD 57501-2294  
(605) 773-3301 or 1-800-952-3625

# Excursion Fund Evaluation Form

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Applicant Organization (Please type or print) \_\_\_\_\_

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Address _____	City/Town _____	State _____	Zip _____
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County _____	Telephone _____	E-mail Address _____
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Contact Person _____	Telephone _____
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Mode of Transportation:

Personal Vehicle(s)     Bus(es)     Other (please specify): \_\_\_\_\_

<p>Supply the appropriate information in the blank provided:</p> <p>Date of excursion _____</p> <p>Event attended _____</p> <p>Total Mileage _____</p> <p>Total Cash Expenses _____</p> <p>SDAC grant award (can be no more than 50% of expenses and no more than what was awarded in the grant letter) _____</p> <p>Number of individuals benefiting _____</p> <p>Number of children or youth benefiting _____</p>	<p>Evaluate the project using this scale: 1=Poor, 2=Fair, 3=Satisfactory, 4=Good, 5=Excellent</p> <p>_____ Artistic quality of event attended</p> <p>_____ Audience response</p> <p>_____ Local Coordination of excursion</p>
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Review of Attended Event:

Agreement: I certify that the application information is true and complete to the best of my knowledge. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the Grant Terms & Conditions sent with the grant award letter. I agree that our records of income and expense will be kept on file for a minimum of 3 years in a suitable form to facilitate auditing.

Authorizing Official: \_\_\_\_\_

Signature & Title	Date
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Address _____	City/Town _____	Zip _____	Telephone _____
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