



**SECTION 2 – Evaluation form**

**AgShows NSW  
Group Innovation Program**

**EVALUATION FORM**

**General Information**

**Group:**.....

**Contact Person:**.....

**Postal Address:**.....

**Email:**.....

**Phone:**.....

**Project Name /  
Description:**.....  
.....  
.....

**Amount Approved:**.....



**Program Project Evaluation**

a) List the aims and objectives of the project.

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\_\_\_\_\_  
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b) Did the program meet the aims/objectives of the project? If so, how? If not, why?

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\_\_\_\_\_

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C) What obstacles, if any, did the project face and how were these overcome?

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D) In what ways was the project effective/ineffective in addressing the initial needs for the program?

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e) Were you able to keep to your stated time line? If not, what prevented this?

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f) List any recommendations you would make for the future development of a project such as this.

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g) Please make any comments that relate to your project.

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# Financial Statement

Please provide financial details of the project.

*Income*

|   |    |  |
|---|----|--|
| AgShows NSW Group<br>Innovation Program | \$ |  |
| Other                                   | \$ |  |
| Total Income                            | \$ |  |

*Expenditure*

|                   |    |  |
|-------------------|----|--|
| Item              | \$ |  |
| Item              | \$ |  |
| Item              | \$ |  |
| Item              | \$ |  |
| Item              | \$ |  |
| Item              | \$ |  |
| Total Expenditure | \$ |  |

(add extra page if needed)



Signature

Date

Name

Position

Please forward completed evaluation form to  
asc.admin@ascofnsw.org.au