



Canada-Yukon Canadian Agricultural Partnership Project Evaluation Form

Name: _____ Date: _____

Project Title: _____

1. Was the project successful? Please explain. Yes No

2. Were all project objectives met? Please explain. Yes No

3. How did the project benefit the local agriculture industry, the public, and your agri-business?

4. Did you experience any difficulties in completing the project? Please explain.

5. What did you learn and what recommendations would you have for projects of this type in the future?

6. Was the funding for this project used for training/knowledge transfer? Yes No

If yes, number of participants? _____

Please indicate the type of training/knowledge transfer event:

<input type="checkbox"/> Workshop/Seminar	<input type="checkbox"/> One-on-one	<input type="checkbox"/> Internship
<input type="checkbox"/> In-class	<input type="checkbox"/> On-site	<input type="checkbox"/> Mentorship
<input type="checkbox"/> Web-based	<input type="checkbox"/> Peer-to-peer	<input type="checkbox"/> Trade Show

7. Was the funding for this project used for a market development activity? Yes No

If yes, number of participants: _____

8. Please provide any additional comments.

I/we declare that the information contained here is true in all respects to the best of my/our knowledge.

Signature: _____

Date: _____

For Project Manager Only

Comments and Observations:

Signature: _____

Date: _____