



ALTERNATIVE DISPUTE RESOLUTION SECTION

GRANT FUNDING FOLLOW UP SUMMARY
NON-ADR SECTION ENTITIES

Name of Organization _____

Contact Person _____ Title _____

E-mail Address _____ Telephone _____

Fax _____

Date(s) of Program / Project _____

- 1. If the program/project was evaluated by participants, please provide a summary of the evaluation ratings and the scale (e.g. 1 poor – 5 excellent) used to evaluate the program/project.

- 2. What goals/outcomes were achieved and how where they achieved?

- 3. The number of participants

- a. Attorneys _____
b. ADR practitioners _____
c. Others _____

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