



community foundation

St. Clair County

Grant # _____

Project Evaluation

Name of Organization: _____

Project/Program Name: _____ Dates of Project/Program: _____

Purpose of Grant (one sentence): _____

1) What was the original goal of the program/project?

Quantify if possible – Eight kids increase their reading by 2 grade levels

2) Did you reach your goal?

3) What worked well and what would you change next time?

4) Who did you reach?

To provide a clear picture of the individuals benefited by your program/project. Include specific number for gender, age, race and income level as appropriate.

Example: The XYZ program reached 164 youth:

89 Boys & 75 Girls

52 kids aged 4-7, 93 kids aged 7-10 and 19 kids aged 11-16

76 below poverty level, 52 low income and 36 middle income

5) Can you measure the long-term impact on participants? If so how will you accomplish this?

6) What was your final project budget?

Attach a final project budget

Income: List each funding source, the actual dollars received from each source and the percentage of the total project.

Expenses: Provide a breakdown of project costs

7) What was the final cost per person for the program/project?

Example: Total cost \$5,715 / 164 participants = \$34.85 per participant

8) What impact, if any, did the program/project have on your organization?

Example:

- 1) Our capacity was expanded by 14 children a day.
- 2) Seven new volunteers were recruited.
- 3) Established a working relationship with the ABC organization.
- 4) Identified 3 potential funding sources.

12) Please attach copies of press releases, news items, brochures and photos.

Please send or email to:

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**This form can be downloaded as a word document from the Foundation's website
www.stclairfoundation.org
"Ways to Receive"
"Project Evaluation Form"**