



**Dickinson Area Community Foundation
Project Evaluation Form/Final Report**

Report Due Date: October 15, 2021

Organization Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Contact Person: _____

Contact Person Email Address: _____

Program Name: _____

Amount of Grant: _____

Person Completing Evaluation Report: _____

Title: _____

Project Start Date: _____

Project End Date: _____

Project Coordinator: _____

Project Coordinator's Email Address _____

The Community Foundation is interested in learning about the results of your project, the lessons you have learned, and how those lessons will be applied in the future. We see this grant evaluation as a joint management tool to obtain feedback to improve programs and stimulate good planning. We realize that some grants may not achieve all of their initial objectives and encourage you to be candid about your experience. **Please complete this evaluation form by the end of your grant period (on page 1 of your grant agreement) or upon completion of your project, whichever is sooner and mail or email to:**

**Dickinson Area Community Foundation
220A East Hughitt St.
Iron Mountain, MI 49801
Email: information@dickinsonareacf.org**



1. Introduction

Provide a brief description of your project and what the Community Foundation funded.

2. Project Information

- a. Please describe your project's completed activities and number of persons affected.
- b. Include your intended outcomes and did you reach them?
- c. Were there any problems or changes in the project along the way?
- d. Were there unexpected outcomes?
- e. What kind of process have you used to evaluate your project?
- f. What would you do differently if you had to do the project over again?
- g. Describe the strengths and limitations of your project.
- h. How were your limitations addressed?
- i. Were there other sources of funding or additional grant requests?
- j. Did this grant help you secure funds from any additional sources?
- k. Were you able to establish any collaborative efforts with other organizations as you worked on your project?
- l. Have similar programs been started in Dickinson County as a result of your success?
- m. If this is an ongoing program, please explain how it will be funded when the grant is completed.

3. Financial Information (Attach to Grant Evaluation)

Please include a complete accounting of how your Dickinson Area Community Foundation grant was spent. Show original budget, as submitted with the grant application, and actual income and expense compared to the original budget. If the grant was for a capital purchase, please include a copy of the paid invoice(s).

4. Publicity (Attach to Grant Evaluation)

Please attach any printed material relating to your program: press or news items, brochures, photographs, etc.

Signed: _____
Board President or Director

Date: _____