

Dickinson Area Community Foundation Project Evaluation Form/Final Report

Report Due Date: October 20, 2023

| Organization Name: | | | |
|---|-------------------|------|--|
| Address: | | | |
| City: | State: | Zip: | |
| Contact Person: | | | |
| Contact Person E-Mail Address: | | | |
| Program Name: | | | |
| Amount of Grant: | | | |
| Person Completing Evaluation Report: | | | |
| Title of Person Completing Evaluation Rep | oort: | | |
| Project Start Date: | Project End Date: | | |
| Project Coordinator: | | | |
| Project Coordinator's E-mail 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. Use additional sheets if necessary. Mail or e-mail your completed evaluation form to:

Dickinson Area Community Foundation 220A East Hughitt Street Iron Mountain, MI 49801 E-mail: information@dickinsonareacf.org

1. Introduction

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

2. Project Information

Please describe your project's completed activities and number of persons affected and answer the following questions as best you can.

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

3. Financial Information (Attach to Project Evaluation Form)

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. Please include copies of any paid invoices and receipts.

4. Publicity (Attach to Project Evaluation Form)

Please attach any material relating to your program: copies of news articles, social media (submit a screenshot of the post), brochures/newsletters, photographs, email blasts, fliers, mentions on your website (provide a screenshot and date), use of the DACF logo on signage, etc.

Please add other comments that may assist our grant process in the future.

Signed: _____ Organization Board President or Director

Date: _____