



GRANT EVALUATION FORM

Organization name: _____

Address: _____
Street City State ZIP

Contact person's name: _____ Phone: _____

Grant project name: _____ Grant #: _____

Amount of grant: _____ Year grant approved: _____

NARRATIVE

1. Describe the project or program and location in which the grant funds were used including dates of service, population and number served, activities completed, supplies/equipment purchased, staff involved, and any other concrete data regarding the grant:
2. Refer to the original grant request from your organization and compare your results to the goals and objectives described in the proposal:
3. Again relating to the goals in the request, what are the specific outcomes of the project or program? What impact did your project/program have on the population served? What were the benefits of the program? Are you doing any long term tracking of participants?
4. Was anything NOT accomplished as planned; or were there any unanticipated problems encountered with this project?

BUDGET

1. Please itemize specifically how Mecosta County Community Foundation’s grant funds were utilized, and also funds from other sources. Make sure your report corresponds with the budget in your grant proposal. If there are remaining Mecosta County Community Foundation funds, please contact MCCF at (231) 796-3055.

2. Please include your most recent audit or annual report if not previously submitted.

3. If specific items were purchased, please include copies of paid invoices.

PUBLICITY

1. Attach any printed materials relating to your program; press or newsletters, brochures, photographs, etc.
2. If appropriate and confidentiality is not an issue, please include two photographs suitable for use in the Foundation’s periodicals or annual report.

OTHER

Are there any other comments you would like to make concerning this grant?

Reported by:

Signature

Print Name

Title

Date

Return this form to:
Mecosta County Community Foundation
P.O. Box 1012C
Big Rapids, MI 49307