

**BUFFALO COUNTY COMMUNITY PARTNERS
GRANT EVALUATION FORM**

This evaluation should be completed following the conclusion of your program or within 12 months of the receipt of your check in accordance with the specifications of your signed Grant Acceptance form. (You may submit these questions reformatted on your computer. Please limit the narrative of your responses to no more than three pages.)

Name of Institution _____

Title of Funded Project _____

Date Report Due: _____ (Date report submitted _____)

Total Awarded Funds: _____

Please answer the following questions about the relationship between the original intentions and objectives, and the current status of the project. If a question does not apply to your project, please indicate N/A.

Program Objectives

1. To what degree has the project met the need or resolved the problem you intended to address?
2. Please give specific information as to how the project has met the objectives (i.e., numbers of individuals served, activities accomplished, positive responses received, behaviors changed).
3. If you have been unable to meet some of your objectives, why has that occurred?
4. Was planning adequate and personnel qualifications appropriate?

Collaboration

5. How effective was your collaboration with other partners?
Please note any special collaborative accomplishments—or, if collaboration did not meet your expectations, please describe that as well.

Financial

6. Have actual costs been consistent with the estimates? If not, what were the reasons for the significant variations? *(Please provide a listing on an attached sheet of funds that have been expended to date and in-kind contributions.)*
7. Are there any unused funds? If YES, please enclose a check to the Buffalo County Community Partners for the remaining amount.

Continuation of Program

8. Will the program continue? Have there been additional efforts to sustain the program that were not originally discussed in your application?

Effectiveness

9. Give your overall assessment of the effectiveness of the program. Please indicate any additional thoughts that you may wish to share with the funders or the community at large.

Budget Attachment

Name of Institution _____

Title of Funded Project _____

Date Report Due: _____ (Date report submitted _____)

Total Awarded Funds: _____

BUDGET CATEGORY	TOTAL PROJECT EXPENSE		COMMUNITY PARTNERS GRANT EXPENDITURES	BALANCE OF COMMUNITY PARTNERS GRANT (Remaining Funds)
	Requested	Awarded		
TOTALS				

- Column 1 Insert budget categories.
- Column 2 Insert total amounts per category spent on grant project.
- Column 3 Insert Community Partners grant funds (only) spent on grant project. Explain any variances in budget vs. actual expenses below.
- Column 4 Insert balance of Community Partners grant funds. If funds remain, please return to Community Partners with this evaluation.