

Youth Grantmakers Fund Grant Evaluation Form

Completed Grant Evaluation forms are due by the 15th of the month following the end of the Granting period. Please refer to your Grant Agreement for additional information.

Orga	nnization:			
Contact Name:		Title:		
Phone Number:		Email:		
Award Amount: \$		Grant Number:		
Plea	se circle the service area for the Y	Youth Grantmakers funds: IDYLLWILD SAN BERNARDINO	RIVERSIDE	
		nes, accomplishments results based on your volved? Was this figure more or less than e		
	• What were the challenges and obstacles you encountered (if any) in attaining your goals & objectives? How did you overcome and/or address the challenges and obstacles? What were the lessons learned?			
•	Describe any unintended positive	outcomes as a result of the efforts supporte	d by this grant.	
•	Describe the overall effect this gr	rant has had on your organization.		
	Tell us a few success stories that of this grant.	made an impact on your organization and/o	r community as a result	
•	Provide a financial report on the	use of your grant funds (expenditures).		

- Please send copies of publicity and other promotional materials.
- ❖ All variances or time extensions must be approved by The Community Foundation's Grant Committee. Please contact us at 951-241-7777 immediately if a variance or extension becomes necessary.

Please return the completed form to:

Denisha Shackelford, Program Associate 3700 Sixth Street, Suite 200, Riverside, CA 92501 or fax to 951-684-1911 Or email to: dshackelford@thecommunityfoundation.net