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| TCF_Logo_Lrg | **IDYLLWILD COMMUNITY FUND**  **Grant Evaluation Form** |

Date:

Organization:

Contact Name: Title:

Phone Number: Grant Period:

Award Amount: Grant Number:

* What were the goals and objectives for the grant specified in the original grant proposal?
* Describe the project’s key outcomes and results based on your goals and objectives. Provide the number of clients served and other relevant statistics.
* 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 supported by this grant.
* Describe the overall effect this grant has had on your organization.
* Describe the partnerships developed or strengthened as a result of this grant.
* Tell us a few success stories that made an impact on your organization and/or community as a result of this grant.
* Provide a financial report on the use of your grant funds (expenditures).
* Please attach copies of publicity and other promotional materials or email them to shunke@thecommunityfoundation.net.
* All variances or time extensions must be approved by The Community Foundation’s Grant Committee. Please contact us at 951.241.7777, ext. 114 immediately if a variance or extension becomes necessary.

**Please return the completed form to:**

Celia Cudiamat, Executive Vice President of Grants and Programs

3700 Sixth Street, Suite 200, Riverside, CA 92501 or fax to 951.684.1911

Or email to: ccudiamat@thecommunityfoundation.net