

INLAND EMPIRE COMMUNITY FOUNDATION
S. L. GIMBEL FOUNDATION FUND

Please complete the form and type your answers in the boxes provided.

ORGANIZATION INFORMATION

Name of your Organization

Grant #

Grant Amount:

Date Awarded (Date on award letter)

Grant Period (Per Grant Agreement) Start date End date

Location of your Organization City State

Name and of person completing evaluation

Title

Phone Number Email Address

KEY OUTCOMES AND RESULTS

Total number of clients served through this grant funding:

- A) Per original grant application, what is the estimate number served:
- B) Actual number served:

Describe the project's key outcomes and results based on the goals and objectives. (Include the program accomplishments as a result of the Gimbel grant AND for the entire program. Please make the distinction between the Gimbel funded program accomplishments and the total organizational program, as a whole).

Goal:

Activities:

Objective: In terms of specific quantifiable criteria:

- A) Per original grant application:
- B) Actual grant outcome, results, accomplishments:

Describe any challenges/obstacles the organization encountered (if any) in attaining goals and objectives.

How did you overcome and/or address the challenges and obstacles?

Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Briefly describe the impact this grant has had on the organization and community served.

BUDGET

Please provide a budget expenditure report. Also, provide a budget narrative that explains how the funds were utilized, what was purchased, what were the expenses items based upon the original budget submitted and approved. Use the form below:

Line Item	Line item description	Approved amount from IGCF"(per the submitted budget)	Actual Expenditure

SUCCESS STORIES

Please tell us ONE success story.