**Main Street Community Foundation**

**Women & Girls’ Fund**

**Project Evaluation and Final Report**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project/Program Name:** | | | | |  | | | | |
| **Organization:** |  | | | | | | | | |
| **Project/Program Director:** | | | | | |  | | | |
| **Phone Number:** | | |  | | | | **Email:** |  | |
| **Date Program Began:** | | | |  | | | **Completion Date:** | |  |
| **Grant Amount:** | |  | | | | | **Date of Funding:** | |  |

Please complete this page and attach a one page narrative report using the points below to evaluate the outcome of your program and submit it to the Women & Girls’ Fund. Feel free to include a CD of any digital photos you may have of your grant in use and copies of any publicity releases.

* Describe how the funds were used.
* What impact has the grant had on your organization and the individuals it serves?
* Were any modifications made in the program from your original application?
* Compare the outcome of the project to your original objectives. Did the project meet objectives? Please provide outcome measures used to evaluate the project and summarize the results.
* Will this project continue in some way? Is it sustainable? Please describe.
* Complete the budget report below:

|  |  |  |
| --- | --- | --- |
| **Budgeted Items** | **Proposed** | **Actual** |
| Staff Salaries |  |  |
| Administration |  |  |
| Travel |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Telephone |  |  |
| Evaluation |  |  |
| Overhead |  |  |
| Other (Please be specific) |  |  |
| **Total of expenditures** |  |  |
| Amount to be returned if expenses were less than original grant award. Make checks payable to the Main Street Community Foundation. |  |  |

**Deadline**: **One year after grant awarded.**

**Sign below and mail to**:

The Women & Girls’ Fund - Attention: Jarre Betts

Main Street Community Foundation

P.O. Box 2702

Bristol, CT 06011-2702

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**Signature of Project Director Date**