**Women & Girls’ Fund**

**at the Main Street Community Foundation**

**Mid-Year Project/Program Evaluation and Report**

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| **Project/Program Name:** |       |
| **Organization:** |       |
| **Project/Program Director:** |       |
| **Phone Number:** |       | **Email:** |       |

**Please complete this page and bring it to the Grantees Workshop and Luncheon to review the progress of your program. All items must be completed.**

* Objective - Objectives of program as defined in original application
* Strategy - What methods you used or are planning to use to accomplish your objectives
* % - Percent of your grant objective that has currently been met (0% - 100%)
* Date - Date completed or plan completion date

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| --- | --- | --- | --- |
| **Objective** | **DATE** |  **%**  | **STRATEGY** |
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**Please attach a paragraph outlining one positive outcome of the project/program to date, and how you are measuring the impact. Please bring photographs to share.**

If you have any questions, contact Jarre Betts by email at jarre@mainstreetfoundation.org or call 860.583.6363.

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**Signature of Project Director Date**