



Please complete the following form and mail to P.O. Box 700, Coleman, Texas 76834 no later than six months after receipt of your grant. Failure to complete an evaluation of the grant you received will prevent your organization from being considered in subsequent grant cycles.

ORGANIZATION: _____
CONTACT FOR GRANT: _____
AMOUNT OF GRANT: \$ _____ **DATE AWARDED:** _____
PURPOSE OF GRANT: _____

I. DESCRIPTION/RESULTS

Describe how the grant addressed a need, a problem, or increased the organization’s capacity to deliver services.

Discuss the major objectives of this grant and how they were met.

Explain any objectives that were not met.

Describe how you measured the success of the program. (e.g., numbers served, outcomes, community indicators, etc.)

What difference did this grant make in the community and the population you are serving?

If this project was undertaken in partnership with other community organizations, what were the opportunities and challenges of working this way?

II. FUTURE PLANS

What is your plan for continuing, improving, expanding or terminating this program/project? (If continuing, how will it be funded?)

Are there any components that could be improved through increased collaboration with other groups or organizations?

III. FINANCIALS

Were there any major changes in the grant funds from what was originally proposed? If so, please explain. (Please attach all receipts for project expenditures with this form or if you submit online, please fax, mail or scan receipts and attach.

IV. PUBLIC RELATIONS

Please include one or two anecdotes about how the project has affected the lives of individuals or made an impact in the community, if appropriate.

Please return copies of articles publicizing your grant in the newspaper or any other publications with this form and submit at least TWO pictures that capture the essence of the grant to the foundation by email. They can be sent to mparrish@cfabilene.org.