As part of the grant review process, applicants must complete a Grant Evaluation Plan – Post Project once the proposal is funded, to compare actual to targeted results. The Plan is primarily designed to collect quantitative information; grantees will have the opportunity to further explain their results and include qualitative information in the report narrative. If you have difficulty completing any section, or if you think a section does not apply to your proposal, please consult with a Program Officer at the Foundation.

## GRANT INFORMATION

|  |  |  |
| --- | --- | --- |
| Organization Name: | | |
| Project Title: |  | Grant #: |
| Amount Awarded: | Total Budget for this Project: | |
| Project Start: | End: | |

## CONTACT INFORMATION

|  |  |
| --- | --- |
| Contact Name: | Contact Phone: |
| Contact Title: | Contact Email: |

## POPULATION SERVED BY PROJECT

|  |  |
| --- | --- |
| Please indicate the number of individuals served by this project in the following demographics. If not applicable, please enter “0”. | |
| Gender: Male: | Female: |
| Age Group: Birth – Age 5: | Children & Young Adults (6-17): |
| Adults (18-65): | Seniors (65+): |
| Race/Ethnicity: African-American: White: | Hispanic: Other: |
| Income Level: <200 % of Poverty Level: | >200% Poverty Level: |
| Special Populations: Disabilities: At-risk Youth: | Homeless: LGBT: Abused: |
| Counties Served: Milwaukee : Ozaukee: | Washington: Waukesha: |

## GENERAL QUESTIONS

|  |
| --- |
| In 25 words or less, describe the problem/need you attempted to address: |
| In 25 words or less, describe the project used to address the problem/need: |
| Briefly describe the results of the project. Were the goals and expectations laid out for the project met? |
| Was the project completed as planned? If not, please describe how the project changed and provide an explanation for the changes. |

## OUTCOMES

|  |  |  |
| --- | --- | --- |
| Please report the actual results of the project***. Kindly refer to your Grant Evaluation Plan – Pre-Project that was submitted with the Full Proposal to complete the target numbers.*** Include all measures that may have been discussed with a program officer or that can be identified as quantitative outcomes of the project. Be sure to provide context for your results. | | |
| ***Project Outcomes – Clients Served*** | Report the number of clients measured and the number that achieved the outcome | |
|  | **Target: # of clients and # that will achieve the outcome** | **Actual: # of clients and # that achieved the outcome** |
| *Example: Women with personal bank accounts* | *100, 50* | *100, 70* |
|  | \_\_\_\_\_\_, \_\_\_\_\_\_\_ | \_\_\_\_\_\_, \_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_, \_\_\_\_\_\_\_ | \_\_\_\_\_\_, \_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_, \_\_\_\_\_\_\_ | \_\_\_\_\_\_, \_\_\_\_\_\_\_ |
| ***Project Outcomes - Activities*** | Report the target and actual number of program activities completed (i.e. classes/workshops offered, materials distributed, etc.) | |
|  | **Target:** | **Actual:** |
| *Example: Workshops on personal finance* | *12* | *8* |
|  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Please provide a context for your evaluation results: | | |
| EVALUATION RESULTS | | |
| ***Organizational Capacity*** | During the project how was your organizational capacity affected in the following categories? Was it challenged? Did it increase/decrease? | |
| Finances |  | |
| Staff |  | |
| Technology/Equipment |  | |
| Volunteers |  | |
| What were the key accomplishments of implementing the project? | | |
| What were the challenges that were faced while implementing the project? | | |
| What were the most important lessons that were learned from implementing the project? | | |
| What do you think has changed within the community as a result of this project? | | |

## OTHER INVESTMENTS

|  |  |  |
| --- | --- | --- |
| Did this grant assist your organization in leveraging funds/support from other sources? If yes, please list the sources of revenue and in-kind support. For in-kind support please estimate the value. | | |
| ***Sources*** | ***Revenue or in-kind support*** | ***Amount Received/Estimated Value*** |
| *Example: XYZ Organization* | *In-Kind* | *$25,000* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## PROJECT BUDGET

|  |  |  |
| --- | --- | --- |
|  | Proposed | Actual |
| **Income** |  |  |
| Earned/Contributed Income |  |  |
| Fees/Earned Income |  |  |
| Individual contributions |  |  |
| Fundraising Events and products |  |  |
| Membership Income |  |  |
| Endowed income |  |  |
| Foundation Grants |  |  |
| Greater Milwaukee Foundation |  |  |
| Unsecured Prospective Funding |  |  |
| Click here to enter text. |  |  |
| Click here to enter text. |  |  |
|  |  |  |
| **Total Income** |  |  |
|  |  |  |
| **Expense** |  |  |
| Non-Personnel Costs |  |  |
| Equipment |  |  |
| Office Supplies/materials |  |  |
| Printing |  |  |
| Utilities |  |  |
| Postage and Mailing |  |  |
| Rent/Occupancy |  |  |
| Building Maintenance |  |  |
| Depreciation |  |  |
| Marketing |  |  |
| Travel |  |  |
|  |  |  |
| Salaries and wages |  |  |
| Click here to enter text. |  |  |
| Click here to enter text. |  |  |
|  |  |  |
| Benefits and payroll taxes |  |  |
| Consultants and professional services |  |  |
| Other: Click here to enter text. |  |  |
| Click here to enter text. |  |  |
| **Total Expenses** |  |  |
|  |  |  |

## SUBMIT EVALUATION

|  |
| --- |
| Please email completed Grant Evaluation Plan – Post Project to [CIAdmin@greatermilwaukeefoundation.org](mailto:CIAdmin@greatermilwaukeefoundation.org).  ***Thank you.*** |