

**The Lowell Berry Foundation
Grant Evaluation Form ~ Social Services Committee**

Non-Profit Organization Name:

Date Grant Contributed:

Amount:

Date of this Grant Evaluation Form:

The Lowell Berry Foundation asks your organization to submit an evaluation of the program for which the grant was made within one year. Any new requests will not be accepted until this evaluation form is submitted and reviewed. You may attach an additional page to respond to these questions.

1. How do you measure the success of your program?

2. If your grant was not used for the purpose requested, then please explain why.

3. How could you improve on your program if at all?

4. What is the biggest challenge you face to make further progress in what you already do so well?

4. What is your hope for the future of your program(s)?

6. How do you plan to maintain the viability of your organization into the future?

Submitted by: _____
President, Board of Directors

Executive Director

Date: _____