The Lowell Berry Foundation
Grant Evaluation Form ~ Social Services Committee

Non-Profit Organization Name:

Date Grant Contributed: **Amount:**

Date this Grant Evaluation Form is being submitted:

The Lowell Berry Foundation asks your organization to submit an evaluation of the program for which the grant was made <u>within one year</u>. 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. Was the grant used for the purpose requested? If not, why not?

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

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

4. Explain the best attributes of your program.

5. 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?

Please include the most recent financial reports as they pertain to this program.

Submitted by: _____ _____

President, Board of Directors Executive Director

Date: _____