S.L. Gimbel Holiday Food Grant Final Evaluation Report

Questions 1-16 are required and must be completed

1. Name of your organization.

2. Grant #

3. Grant Period

4. Location of your organization (City and State)

5. Name and Title of person completing evaluation.

6. Phone Number:

7. Email address.

8. Total number of clients served through this grant funding:

9. Approximate volume of food purchased with grant funds? (i.e 10 lbs of fresh produce; 1000 boxes; 10 cases, etc)

10. Describe the project's key outcomes and results based on your goals and objectives:

11. Please describe any challenges/obstacles the organization encountered (if any) in attaining stated goals & Objectives.

12. How did you overcome and/or address the challenges and obstacles?

13. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

14. Briefly describe the impact this grant has had on your organization.

15. Please provide a brief narrative on how the funds were used to fulfill grant objectives. Support documents (receipts or expense reports) can be emailed to klampert@thecommunityfoundation.net or faxed to 951-684-1911.

16. Please relate a success story.
Questions 17-25 are optional questions and relate to demographic information on clients served. This helps us provide a broader picture of your organization and populations being served.

(Q17-18 optional space to relate additional success stories)

19. Which category best describes your organization. Please choose only one.

20. What is your organizations primary Program Area of Interest?

21. Percentage of clients served through grant in each Ethnic Group Category. Total must equal 100%

22. Approximate percentage of clients served from grant funds in each age category.

23. Approximate percentage of clients served with disabilities from grant funds.

24. Approximate percentage of clients served in Economic Group

25. Approximate percentage of clients served from grant funds in each population category.