

FAMILY AND CHILDREN SERVICES OF LEBANON COUNTY  
A Project of  
The Foundation for Enhancing Communities

**6 Month Grant Evaluation Report**

Name of Organization: \_\_\_\_\_

Amt. Awarded: \_\_\_\_\_

Name & title of person submitting this report: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PLEASE RETURN THIS 6 MONTH EVALUATION WITHIN 10 BUSINESS DAYS OF THE DUE DATE. IF THE EVALUATION IS NOT RECEIVED, A SITE VISIT WITH THE PROGRAM OFFICER WILL BE SCHEDULED**

Please answer the following questions in narrative form:

**I. IS THE IMPLEMENTATION OF THE PROJECT DIFFERING FROM WHAT WAS ORIGINALLY PROPOSED IN ANY WAY? PLEASE EXPLAIN IN DETAIL.**

**II. WHAT ACTIVITIES HAVE BEEN ACCOMPLISHED THUS FAR?**

1. Describe how your project is working: goals, strategies, activities, and number of participants.
2. What is your project's most notable success to date?
3. What is your project's biggest challenge to date?

**III. HOW IS YOUR ORGANIZATION EVALUATING THE PROJECT?**

4. Is data being collected?
5. Who is supervising and taking part in the evaluation?
6. What are you learning about your participants/your community/your partners?

**IV. ARE YOUR GOALS FOR PARTNERSHIPS WITH OTHER GROUPS AND FOR SUSTAINABILITY OF YOUR PROJECT BEING MET?**

7. What steps are being taken to ensure the sustainability of your project or organization beyond this grant period?
8. If your project involved collaboration with other organizations, please list those parties and comment on the effectiveness of the collaboration on the program to date.