



Greater Harrisburg Foundation

6 Month Grant Evaluation Report THIS REPORT MAY BE MAILED, EMAILED OR FAXED

Name of Organization: _____

Amount Awarded: _____

Name & Title of person submitting this report: _____

Phone: _____

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 using these headings; as they are applicable to your project:

- 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?**
 - A. Describe how your project is working: goals, strategies, activities, and number of participants.
 - B. What is your project's most notable success to date?
 - C. What is your project's biggest challenge to date?
- III. HOW IS YOUR ORGANIZATION EVALUATING THE PROJECT?**
 - A. Is data being collected?
 - B. Who is supervising and taking part in the evaluation?
 - C. 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?**
 - A. What steps are being taken to ensure the sustainability of your project or organization beyond this grant period?
 - B. 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.