HOOVER FAMILY FOUNDATION
POST-AWARD EVALUATION REPORT COVER SHEET

ORGANIZATION: ____

CONTACT PERSON: ______________________ TITLE: ______________________

ADDRESS: ____

CITY/STATE/ZIP: ______________________ PHONE NUMBER(S): ________________

PURPOSE OF GRANT: ____

AMOUNT OF GRANT: ______________________ DATE RECEIVED: ________________

SIGNATURE *of person completing report*: ______________________________

DATE: ________________

Please address all of the following items. In responding to these questions please refer to your original grant request, particularly the sections on goals and measurement of the grant's effectiveness.

Two (2) copies of this evaluation report (with cover sheet) are required.

1. Briefly describe the specific purpose and goals of the HFF grant.
2. To what degree were these goals and objectives achieved? If not fully met, what factors affected the success of the project? What plans do you have for meeting and/or revising these objectives in the future?
3. What has been the measurable impact on the population you serve?
4. What have been the measurable results to date of this grant on the functioning or effectiveness of your organization (e. g. increased capacity, enhanced operations, stimulated increased private funding)?
5. Attach a copy of your actual budget and HFF grant expenditures for this project, identifying both income and expenses. If any revisions have been made in this budget from that originally proposed, please explain those in detail.

TWO (2) COPIES of your report are due on or before:

No other requests for funding will be considered until the written evaluation report for this grant has been received.