



*Please use this outline to create the self-evaluation report.
Please return the self evaluation to: cbarrett@clmff.comcastbiz.net*

Grant Self Evaluation Report Report Outline

Due 90 days after completion of the project/program supported by the grant,
or 90 days after the end of the grant period.

Name of organization:
Address:
Contact Person:

Grant Amount:
Project Name:
Time frame covered by grant:
Type of support: (program, general operating, etc.)

Resources

1. Provide income and expense information related to this grant. If any of the grant has not been spent, please explain.
2. Has this grant helped to attract additional support - money, people, goods or services? Please describe.

Results

3. What difference did the project/grant make? Please explain.
4. Did this project meet, exceed, fall short or vary in any other way from your expectations? Explain.
5. What would you do differently? Explain.

Future

6. What is the future for this project over the next 3 years? If applicable, please include any plans for ongoing funding, expansion or termination.

Your signature and title:
Date:

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