



CAPACITY BUILDING GRANT EVALUATION

Organizational Information

Organization *Project*

Address *City, State, Zip*

Phone *Fax* *URL*

Executive Director

Title *Phone* *Email*

Contact person regarding this evaluation

Title *Phone* *Email*

Employer Identification Number (EIN)

If you are using a fiscal sponsor, list the contact information below:

Organization *Legal name, if different*

Title *Phone* *Email*

Address *City, State, Zip*

Employer Identification Number (EIN)

If your organization was not listed on the Iowa Principles and Practices Registry of Accountability at application, has your organization taken the steps to become listed? ___ Y ___ N

If no, share why your organization has not adopted the Iowa Principles and Practices resolution.

List the project goals that were included in your application and share the outcomes for each goal. (350 words)

List any goals you were not able to accomplish and reasons why they were not achieved. (200 words)

Were there any unexpected successes or benefits? Please share. (200 words)

If you encountered barriers during the project, how did you overcome them? (200 words)

If you utilized a consultant, did you agree with their assessment? If not, what steps were taken to reconcile the differing points of view? (250 words)

What is the impact of this project on your organization? (250 words)

How will the outcomes of the project contribute to the effectiveness, efficiency and sustainability of your organization? (300 words)

Will you incur additional operating expenses as a result of this project? Will you generate more revenue? (200 words)

I certify to the best of my knowledge and belief the information on this evaluation is complete and have authority from my organization's Board of Directors to submit this request.

Name _____
Date _____

After signing the evaluation, please return to: raedeker@desmoinesfoundation.org.