



GRANT EVALUATION FORM

Future funding may be dependent upon the return of the evaluation forms. Evaluations are due nine months after receipt of grant award. You may print this form and fill in manually, or type into form and print, then mail or fax.

Organization: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone: _____ Email: _____

PURPOSE OF GRANT:

Amount of Grant: \$ _____ Date Rec'd.: _____

Please be as specific as possible. If you have questions, please contact 503.594.0880.

EVALUATION QUESTIONS

1. Describe the specific objectives for which the DFO grant was requested, and the activities you are undertaking to meet each of these objectives.

2. As the project has progressed, what, if any, modifications have been made in the original objectives?

3. What have been the measurable results to date of this grant on your organization's functioning or effectiveness? Has this grant: (1) Stimulated new private funding? (2) Increased collaboration among community institutions? (3) Increased volunteer involvement?

4. What has been the measurable impact on the population you serve?

5. Do you have a human interest story/photos of your grant "in action" that you would be willing to share? Please describe briefly.

6. Attach a copy of your up-to-date income/expense summary along with your budget for this project (identify both income and expenses you can report to date).

Signature and Title:

Date:

PLEASE RETURN FORM BY MAIL OR FAX TO:

The Dental Foundation of Oregon
P.O. Box 2448
Wilsonville, OR 97070-2448.

Fax: 503.218.2004

QUESTIONS?

Email: Foundation@SmileOnOregon.org
Call: 503.594.0880

FOR DFO INTERNAL USE ONLY

1. Was the grant appropriately used?
2. Did the grant make a significant difference in the project?
3. Taking into consideration DFO guidelines, the agency's performance and community needs, indicate your overall feeling about DFO future funding of the organization.

Evaluated by

Date: