



**Mackinac Island**

**community foundation**<sup>SM</sup>

Grant Evaluation Form

## Instructions

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- Please type and single space report.
- Please answer all questions in the order listed.
- Please use headings as provided.
- Please submit one copy to Twilight Inn- P.O. Box 1933, Mackinac Island, MI 49757

### Checklist:

- Cover Sheet
- Narrative: 2-4 pages
- Photographs (at least 2)
- Marketing materials, newspaper articles, etc.
- Original Grant Budget
- Expense Report

*Failure to return evaluation will prohibit organization from receiving future grants from the Mackinac Island Community Foundation.*

Thank you for your time. If you have questions about this report, please contact Robin Dorman at 906/847-3701 or [rdorman@micf.org](mailto:rdorman@micf.org).

**For good. For ever.**<sup>SM</sup>

## Evaluation Form Cover Sheet

Date of Report: \_\_\_\_\_

Grantee Organization Name: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
(if different from Director)

Program / Project Title: \_\_\_\_\_

Purpose of Grant (one sentence): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Grant: \_\_\_\_\_ Program Dates: \_\_\_\_\_

Have there been any changes to your organization's IRS 501(c)(3) not-for-profit status since your request for this grant? (yes or no, if yes please explain) \_\_\_\_\_

\_\_\_\_\_

Name and title of Person Completing Evaluation Report: \_\_\_\_\_

The Evaluation submitted represents the program that was supported by the Mackinac Island Community Foundation and meets the requirements as enumerated in our Grant Agreement.

Signed: \_\_\_\_\_  
President/ Superintendent/Director

\_\_\_\_\_  
Staff/Title

Date : \_\_\_\_\_

**Please have this report signed and dated and returned to our office upon completion of your grant project to ensure Foundation acceptance of future grant requests from your organization.**

### **Results and Lessons Learned**

1. List the program goals as stated in your original grant application.
2. Outline how the program did or did not reach its original goals. Please explain including statistics and measurable outcomes, whenever possible.
3. For ongoing programs: What changes will you be making in the program?
4. Were you able to establish any collaborative efforts with other organizations as you worked on this project?
5. What are the most important lessons learned and outcomes of this project.

### **Public Relations**

1. Provide a “human interest” story that helps explain the success of the project.
2. In what ways has your Mackinac Island Community Foundation grant made your program possible or more successful.
3. Provide a quote for MICF use from either the project coordinator, Board Chairperson or a beneficiary that describes the success of the project.
4. Submit two photos which would be suitable for use in the Foundation’s newsletters or Annual Reports.
5. Attach any printed material relating to your program: press or news items, brochures, letters of support, photographs, etc.

### **Financials**

10. Please include a complete accounting of how your Mackinac Island Community Foundation grant was spent:
  - Show original budget, as submitted with the grant application, and actual income and expense compared to the original budget.
  - Include a copy of all paid invoices.

### **Future Plans**

11. If this is an ongoing program, please explain how it will be funded when the grant spending is completed.