

# ELSA M. HEISEL SULE CHARITABLE TRUST GRANTEE GIFT EVALUATION REPORT

DATE(S) PREVIOUS GRANT(S)/GIFT(S) RECEIVED by Grantee: \_\_\_\_\_

NAME OF GRANT RECIPIENT ORGANIZATION: \_\_\_\_\_  
Organization EIN: \_\_\_\_\_

## A. APPLICANT'S PROGRAM/PROJECT INFORMATION

1. **Please state** what was the amount of the Grant/Gift?
2. **Please state** the title of the Program/Project?
3. **Please state** what was the anticipated timeline of the Program/Project:
4. **Please give** a brief description of the Program/Project:
5. **Please state** the original Goals and Objectives of the Program/Project and those who were intended to benefit:

## B. PROGRAM/PROJECT EVALUATION

1. **Actual Results:** If the actual results of the Program/Project vary from the original goals/objectives? If so, please explain and comment.
2. **Was the original timeline** for the Program/Project maintained? If not, why :
3. **Were the projected number people** to be impacted or affected actually served and the geographic mix achieved? If yes, please specify how. If not, please explain why?

**NAME OF GRANTEE ORGANIZATION:** \_\_\_\_\_

**DATE(s) OF GRANT(s)/GIFT(s):** \_\_\_\_\_

4. Was the original geographical focus maintained? If yes, please specify how. If not, please explain why?
5. What was the anticipated Volunteer support of the Program/Project? Please describe the actual Volunteer support of the execution of the Program/Project :
6. Please provide a brief narrative commentary on the overall success or lack of success of the Program/Project :
7. **On a scale of 1 to 5**, please rate the overall success of the project, with 1 the lowest and 5 the highest.
8. Please describe the ways the Sule Gift/Grant was important to any success that was achieved by the Program/Project :
9. Were additional funds or in-kind support leveraged as a result of the Sule's Gift/Grant? If so please specify.

I the undersigned hereby certify that the foregoing information is complete and correct to the best of my knowledge and information.

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

Signature  
Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization EIN \_\_\_\_\_

**THANK YOU FOR YOUR RESPONSE**