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| **GRANT EVALUATION REPORT**  |

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| Report Due Date: |  | IPS Project Number: |  |

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| Project Name: |  |

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| Name of Sister Completing this Report: |  | Email: |  |

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| Congregation: | Daughters of Charity of St. Vincent de Paul |

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| Monitor/Guarantor Name: |  |

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| **QUESTIONS** |

The purpose of the Grant Evaluation Report is to produce a summary of the project accomplishments, challenges, and lessons learned. In addition, the report is designed to help you begin to collect the necessary information for the year-end project report.

Please complete this report and return it to Daughters of Charity International Project Services (IPS) at marylouise.stubbs@doc.org. **If you have any questions or need an extension, please contact us as soon as possible.**

1. **Were all the funds awarded used for this project**? [ ] YES [ ] NO
2. **If NO, what is the amount of remaining funds to spend (local currency)?**
3. **Were the funds used as presented in the application?**  [ ] YES [ ] NO
4. **If NO, please explain how the funds were used differently:**
5. **Is this project:**[ ]  Finished

[ ]  Not Finished If Not Finished, what date will it be complete?

[ ]  Not Started

1. **What other funding did you receive from organizations not including IPS? (Examples: other foundations, government, assistance, etc.) Please list them below:**

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1. **Are you planning to submit another funding request to IPS to continue this project?** [ ]  YES [ ]  NO
2. **Briefly describe your project’s original purpose.**

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1. **What specific need is this project addressing?**

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1. **How successful has this project been in achieving the original purpose?**

[ ]  0% [ ]  25% [ ]  50% [ ]  75% [ ]  100%

1. **What is the total number of people who were directly served by this project?**
	1. Number of women who benefited directly from this project (if applicable).
	2. Number of men who benefited directly from this project (if applicable).
	3. Number of children who benefited directly from this project (if applicable).
2. **To your knowledge, has a project with a similar goal/objective been done/tried before by your organization?** [ ] YES [ ] NO
3. **Why is this project important to you congregation’s mission at this time?**

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1. **Did you have any major changes this year that would affect the outcome of Goals/Objectives?**

[ ]  YES [ ]  NO

**If YES, what were those changes?**

[ ]  Did goals or objectives need to be amended?

[ ]  Did the projected timeline need to be changed?

[ ]  Based on these changes you experienced, did your strategy or overall approach need to change?

1. **How did you meet your project’s goals? Provide data or a story that highlights your project’s goal success.**

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1. **Share with us what conditions have changed in the community served as a result of this project. Provide data or a story that best exemplifies the changes.**

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1. **What have you learned through this process that is a “difference-maker?”**

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1. **Please provide at least one success story about someone who benefited from this project for IPS to share with donors and secure future funding. Include photos if possible.**

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1. **What problems did you encounter in the previous year in doing this project, and how did you resolve them? Provide examples.**

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1. **What plans do you have to sustain this project after this grant? (Please select one)**

[ ]  The project is now sustainable

[ ]  The project has accomplished its full potential and will be ended

[ ]  The project had a great impact but needs further funding to address challenges before becoming self-sustainable.

 **NOTE:** Is additional funding the ONLY obstacle to making it self-sustainable? Please explain:

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[ ]  We believe the project HAD merit and DID reach its goal;however, it can never be self-sustainable.

 **NOTE:** What is the biggest obstacle to becoming self-sustainable? Please explain:

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[ ]  This proejct is an HFS multi-year grant and sustainability will be evaluated in the last installment.

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| **BUDGET** |

Please fill in the chart below by listing each budget item cost in US Dollars currency. This budget reflects the original budget approved for the project.

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| Grant Amount (In US Dollars): |  |  |
| Funds Remaining (In US Dollars): |  |  |
| Project Expenses (In US Dollars) |  |
| Item | Quantity | Budget | Actual |
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|  |  |  |  |
| Total |  |  |  |

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| **PHOTOGRAPHS** |

**Provide at least two photographs as separate JPG attachments that show how the ministry and project helped people in the community.** Please include photos of Sisters with people in the community impacted by this project. Do not put photographs in a PowerPoint or Word document. You will need to obtain permission of those appearing in the photograph before you send them to IPS.

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| **ADDITIONAL INFORMATION** |

**What additional information would you like to share with us about the project?**

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| **CHECKLIST** |

**Before sending this Grant Evaluation Report back to IPS, please make sure:**

[ ]  All questions and financial report are complete.

[ ]  Photographs are attached separately in JPG format.

[ ]  Monitor/Guarantor Report Form (if needed) is attached.

[ ]  Accompanying Email includes IPS Project Number and Country in both the subject line and in the body of th email.

[ ]  **Please send a copy of this completed report to your Visitatrix and Econome.**

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| **SIGNATURE** |

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| Prepared by |  | Date |

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| **CONFERENCE, WORKSHOP, OR EVENT** |

**If your project included a Conference, Workshop, or Event:**

**Participation Rate**

1. **Total number of training events, conferences, or gatherings conducted in this year?**
2. **Total number of participants in training events, conferences or gatherings in this year?**
3. **Total number of religious congregations (men and women) who participated in this event?**
4. **From the total of question 3, how many were women religious congregations?**
	1. **How many sisters were reached/impacted as a result of the women religious congregations who attended the event?**
	2. **As a result, how many people, in total, benefited from the spread of information?**