

Grant Funding Annual Evaluation

St. Andrew UMC

Please call or email the Endowment Committee with any questions as you complete this evaluation.

If your project began on **January 1**, then this evaluation is due by **January 30**

If your project began on **July 1**, then this evaluation is due by **July 30**

Date: _____

Name: _____

Street Address: _____

Phone: _____

E-mail: _____

Name of project: _____

Amount remaining in Grant: _____

Please complete the Annual Evaluation information including responses to the following questions:

At the end of one year of your project (submit on a separate sheet(s) of paper) Include, as attachments, other information you feel is relevant - including photos

1. What are the measurable results compared to your goals?
2. Tell us how the project further the vision or mission of St. Andrew UMC.
3. Tell us new success stories since the semi-annual evaluation.
4. About how many persons benefited from this project?
5. How will you follow up with program participants? (Planned outreach and follow-up for ongoing program results)

Program/Project Budget

Project Budget: _____

Instructions: Please use this worksheet to show and submit your project budget and expenses. Please list all expenses for the program year that applies to this project. The information below should be specific to the project for which you received support.

A. **Project Expenses** – Include the description and amount of all costs associated with your project. Be as specific as possible.

Description of Expense	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10. Total Project Expenses (sum of lines 1-9)	\$

If more space needed, continue below.