

Grant Funding Semi-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 **July 30**

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

Date: _____

Name: _____

Street Address _____

Phone: _____

E-mail: _____

Name of project: _____

Amount remaining in Grant: _____

Brief program review:

1. Provide a description of how the project is progressing in relation to your goals. (**1 page maximum**).
2. Tell us about any success stories pertaining to your program or project?

Include, as attachments, other information you feel is relevant - including photos

Budget Information

Complete the attached Program Budget form following the instructions given.

Project Budget: _____

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

Program/Project Expenses – Include the description and amount of all costs associated with your project. Be as specific as possible. Project expenses may include salaries, payroll taxes, equipment, supplies, postage, marketing, etc.

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.

