

# Post-Grant Evaluation Form

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| **Recipient(s):** |  | **Date:** | **/ /** |
| **Contact Person(s):** |  | **Grade(s):** |  |
| **Position(s):** |  | **Phone:** |  |
| **School/Organization:** |  | **Email:** |  |
| **Project Title:** |  | | |

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| **1. Describe the results of your grant project and attach a financial summary of expenses:** |
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| **2. Summarize data collected or other measures used to evaluate the success of the grant project: (Refer to section IV of application form)** |
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| **3. Identify benefits that will continue into the future as a result of the funded project:** |
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| **4. Describe the positive effects of the project on at least one of the participants in the project:** |
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| **5. Please provide feedback on the CAEF Foundation grant process – what could we do better?** |
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Grantee Signature

#### Please email completed form to [thecaef@gmail.com](mailto:thecaef@gmail.com)

**or mail to:**

**CAEF, PO Box 4, Circle Pines, MN 55014**