**Heart of Cook Foundation Fund Grant Evaluation**

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

#

Legal Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project/Program Mgr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions regarding the grant you received through the Berrien Community Foundation. **A copy of this evaluation is forwarded.**

1. **How were grant dollars used?** Note: When the above organization accepted the grant, it was affirmed by said organization that no goods or services were provided to the recommending donor advisor(s) named herein. Further, the above organization affirmed that this grant was not being used to satisfy an enforceable pledge or for scholarship(s). Additionally, it was affirmed that the donor advisor(s) or related parties are not receiving a grant, loan, compensation or similar payments as a result of this grant. The donor advisor(s) or related parties were also prohibited from securing benefits from the above organization as a result of this grant. **Do not remove this language.**
2. What were the most important outcomes and “lessons learned” from this project?
3. Please share any additional information you believe would be helpful to the Heart of Cook Foundation Fund and the Berrien Community Foundation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Grantee Date

*You may email your completed evaluation to* *susanmatheny@berriencommunity.org* *or mail a printed copy to Berrien Community Foundation, Heart of Cook Foundation, 2900 South State Street, Suite 2E, St. Joseph, MI 49085.*