**  **

**Southwest Michigan Cares**

**Emergency Recovery and Response Grant Evaluation**

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Grant Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions regarding the grant you received.

1. **How were grant dollars used?** **Please provide a narrative.**
2. **Please provide a breakdown of how the dollars were spent.**

|  |  |
| --- | --- |
| **Category** | **Amount Spent**  |
| Food | $ |
| Personal Hygiene Items | $ |
| Baby Items (formula, baby wipes, diapers, food, etc.) | $ |
| Cleaning/PPE Items | $ |
| Other (please explain) | $ |

1. **Which counties did you serve? (Berrien, Cass, Van Buren)**
2. **Using the tables please tell us about those you served (all of the totals in all 4 boxes should be the same):**

|  |  |
| --- | --- |
| **Gender** | **# served** |
| Female |  |
| Male |  |
| Other |  |
| Unknown |  |
| Not Tracked |  |
| **Total** |  |

|  |  |
| --- | --- |
| **Age** | **# Served**  |
| Under 5 |  |
| 5 to 7 |  |
| 8 to 10 |  |
| 11 to 13 |  |
| 14 to 17 |  |
| 18 to 24 |  |
| 25 to 34 |  |
| 35 to 44 |  |
| 45 to 54 |  |
| 55 to 64 |  |
| 65 to 74 |  |
| 75 to 84 |  |
| 85 and Over |  |
| Unknown, under 18 |  |
| Unknown, over 65 |  |
| Unknown |  |
| Not Tracked |  |
| **Total** |  |

|  |  |
| --- | --- |
| **Ethnicity** | **# served** |
| Caucasian |  |
| African American |  |
| Hispanic |  |
| Asian |  |
| American Indian |  |
| Pacific Islander |  |
| Other |  |
| Unknown |  |
| Not Tracked |  |
| **Total**  |  |

|  |  |
| --- | --- |
| **Zip Code** | **# served** |
| 49013 (Bangor)  |  |
| 49022 (Benton Harbor) |  |
| 49026 (Bloomingdale) |  |
| 49027 (Breedsville) |  |
| 49031 (Cassopolis) |  |
| 49038 (Coloma) |  |
| 49043 (Covert) |  |
| 49045 (Decatur)  |  |
| 49047 (Dowagiac) |  |
| 49055 (Gobles)  |  |
| 49056 (Grand Junction)  |  |
| 49057 (Hartford)  |  |
| 49062 (Kendall) |  |
| 49063 (Lacota)  |  |
| 49064 (Lawrence) |  |
| 49065 (Lawton)  |  |
| 49067 (Marcellus) |  |
| 49071 (Mattawan)  |  |
| 49079 (Paw Paw)  |  |
| 49084 (Riverside) |  |
| 49085 (St. Joseph) |  |
| 49090 (South Haven)  |  |
| 49098 (Watervliet) |  |
| 49101 (Baroda) |  |
| 49102 (Berrien Center) |  |
| 49103/49104 (Berrien Springs) |  |
| 49106 (Bridgman) |  |
| 49107 (Buchanan) |  |
| 49111 (Eau Claire) |  |
| 49113 (Galien) |  |
| 49115 (Harbert) |  |
| 49116 (Lakeside) |  |
| 49117 (New Buffalo) |  |
| 49119 (New Troy) |  |
| 49120 (Niles) |  |
| 49125 (Sawyer) |  |
| 49126 (Sodus) |  |
| 49127 (Stevensville) |  |
| 49128 (Three Oaks) |  |
| 49129 (Union Pier)  |  |
| Other |  |
| Unknown |  |
| Not Tracked |  |
| **Total**  |  |

1. Please share any additional information you believe would be helpful for us to know.

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

Signature of Grantee Date

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