

Lincoln/Lancaster County Grantmakers Common Evaluation Form (10/5/2009)

We have developed a Common Evaluation Form to simplify the reporting process. The following information is needed to help us monitor the activities and outcomes of your grant. If any component of this evaluation is not applicable to your project, then the letters N/A should follow the component. Please use a computer or typewriter to prepare this form. **Provide the information in the order requested, and number and restate the headings. Please limit your response to 5 pages.** Call, write, fax or e-mail if you have questions.

Abel Foundation

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Phone (402) 434-1212 *Fax* (402) 434-1799
rossm@nebcoinc.com

Building Strong Families Fund

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ddaily@buildingstrongfamiliesfoundation.org
bbrasch@buildingstrongfamiliesfoundation.org
www.buildingstrongfamiliesfoundation.org

Cooper Foundation

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Victoria Kovar, Program Officer
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Duncan Family Trust

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Lincoln Community Foundation, Inc.

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Foundation for Lincoln Public Schools

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Lincoln, NE 68510
Phone (402) 436-1612 *Fax* (402) 436-1692
swerry@lps.org
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Woods Charitable Fund, Inc.*

Pam Baker, Executive Director
Tom Woods, Program Officer
Angie Zmarzly, Program Associate
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Lincoln, NE 68501
Phone (402) 436-5971 *Fax* (402) 436-4128
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twoods@woodscharitable.org
azmarzly@woodscharitable.org
www.woodscharitable.org

*Woods Charitable Fund uses a web-based system to receive all grant reports. Although its evaluation questions are taken from the Common Evaluation Form, slight changes in wording and formatting may exist. If you have questions about how to access the Form, please contact the Fund.

**Lincoln/Lancaster County Grantmakers
Common Evaluation Form
(10/5/2009)**

Foundation Reporting to: _____

Reporting Date: _____

I. Organization

A. Organization Name _____
(List fiscal agent for collaborations)

B. Address/9-digit Zip Code _____

C. Website _____

D. Chief Executive Officer _____

D.1. Telephone number _____ *D.2.* Fax _____

D.3. Email address _____

E. Contact Person and Title _____
(If other than the Chief Executive)

E.1. Telephone number _____ *E.2.* Fax _____

E.3. Email address _____

II. Project

A. Project Title.

B. Application Date.

- C. 1) Restate the objective(s) and activities from the proposal.
2) Did the outcomes meet the proposed objectives? Please explain.
3) Were the activities completed? Please explain.

D. Describe any unexpected outcomes that resulted because of this grant or project.

III. Financial Information

- A. 1) Compare the project income/expense budget as submitted with the grant proposal with the final income and expense statement.
2) Explain any major variances between the budgeted and actual amounts.

- B. 1) Submit a copy of your organization's most recent monthly financial statement, including year-to-date information.
2) Submit your audited financial statements if you have completed a fiscal year during the last six months.

- C. Indicate how this project will be supported in the future.

IV. General

- A. Attach copies of any significant materials, newsletter, brochures, articles, etc. which shed light on the project or your organization.