



Grant Evaluation Form

Program/Product Name: _____

Submitted By: _____

Email: _____

Total Grant Request to Iowa 4-H Foundation: _____ Total Project Budget: _____

Date(s) of Active Program: _____ Number of Youth Served by Program: _____

Awarded: Fall Grant Cycle FY _____ Spring Grant Cycle FY _____

Funds Granted: _____ Funds Used: _____

If funds remain, outline your plan to utilize those funds: _____

Were the original goals and learning objectives of the program or product achieved? Explain.

How did you measure the success of this project? Please provide both quantitative and qualitative examples.

How will you plan to maintain or increase 4-H'er retention after the completion of this project or program?

How do you hope to grow and improve this program in the future? What new funds will be needed for this growth?

Please share participant testimonials, impact stories and photos that can be shared with donors. *Attach additional information as necessary.*

Questions?

Contact Emily Saveraid

515.294.1552 or email esaver@iastate.edu