

Maria De Mattias Endowment Fund

EVALUATION OF GRANT

Original Application Date

Organization (Grantee)

Street Address

City, State, Country, Zip Code

1. The following information must be attached:

a. The results of Grantee's program including the following:

1. Number of people served.
2. Time and place of principal activities.
3. A description of how the success of the program was achieved, and description of the measurement of success.
4. How the program will continue after Maria De Mattias Endowment funding ends.

b. A report of this grant including income and expenditures.

2. From my own knowledge, I state that the information given is complete and correct.

Date

Signature of Person Administering the Grant

3. I have read the above completed Grant Evaluation.

Date

Signature of Executive Director