CATHOLIC DIOCESE OF PITTSBURGH – SIX MONTH / FINAL EVALUATION

TO BE COMPLETED BY GRANTEE EVERY SIX (6) MONTHS AND AT THE END DATE OF THE GRANT.

FILL OUT, SAVE, AND FMAIL TO: dnypaver@DIOPITT.ORG

Name and address of Grantee Organization:		
Name and contact information (address, email, phone number) of Person responsible for submitting report:		
Grant Number:	Date of Grant:	
Grant Amount: \$		
Purpose:		
Six-Month Report Due Date:	Date Submitted:	
Next Report Due Date:	Date Submitted:	
SIX-MONTH /F	INAL EVALUATION	
1. What was the planned use of the grant?		
2. WHO WERE YOUR CO-GRANTEES, IF ANY?		
3. WERE YOU ABLE TO ACHIEVE THE GOALS STATED IN YOUR GRANT APPLICATION? WHY, OR WHY NOT? (IF NOT, DID YOU SEEK AN AMENDMENT TO YOUR GRANT APPLICATION SEEKING AUTHORIZATION TO ALTER YOUR GOALS? WHY, OR WHY NOT?)		
4. What were the actual outcomes of this grant? <i>i.e.</i> , What has changed in your parish or organization as a result of this project or grant? Please show us your baseline data/beginning point as compared to current data/status. You may use quantitative and/or qualitative measures as appropriate. If the original activities were not conducted as planned, what changed and why?		

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5.	WHAT WAS YOUR METHOD FOR ASSESSING/EVALUATING THE IMPACT OF THIS PROJECT OR GRANT?
6.	IS YOUR PROJECT/PROGRAM ONGOING? IF YES, HOW IS/WILL IT BE SUPPORTED?
7.	HAVE YOU RECEIVED ANY OTHER FUNDING FOR THIS PROJECT/PROGRAM SINCE THIS GRANT WAS MADE?
-	If yes, list sources and amounts.
Q	WHAT ASSISTANCE DID YOU RECEIVE, OR COULD YOU HAVE RECEIVED, BEYOND THE GRANT FUNDS TO IMPROVE YOUR
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	TROJECT.
۵	PLEASE PROVIDE A LIST OF YOUR ACTUAL PROPOSAL EXPENSES AND INDICATE WITH AN ASTERISK (*) THE ITEMS FOR
٦.	WHICH THE GRANT MONIES WERE USED.
	WHICH THE GRANT MONIES WERE OSED.

If additional information is needed beyond what is requested above, it will be requested through separate correspondence from the Campaign. If you have any questions regarding this form, please contact the Office of Stewardship and Development at 412-456-3085.

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