
## SYNERGY INITIATIVE GRANT PROCESS EVALUATION

*(Limited to 5 pages, 11-point font minimum, 1-inch margins)*

 **LEAD ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT PHASE** (e.g., Planning, Pilot, Implementation Yr. 1, 2, 3): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPORT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A. PROJECT ASSESSMENT

1. Please summarize the progress made to date toward your goals.
2. Please describe any substantive changes that have been made or that are being considered for the relevant phase of the project from what was originally proposed.
3. If other partnering organizations are involved in the project, how effectively is each fulfilling its role? What changes, if any, are planned in participation? How was each partnering organization involved in the preparation of this process evaluation?
4. What obstacles have you encountered with the project to date, and how are you overcoming them?
5. Provide completion dates for the current grant period, where appropriate, on the Task/Timeline Chart and indicate any adjustments made or planned at this time.

B. ADDITIONAL COMMENTS OR SPECIAL NEEDS

1. Have you received any of the additional support you referenced needing in your proposal, and, if so, how effective has it been?
2. What additional support do you need from the Foundation or other sources at this time?

C. BUDGET STATUS

1. Beyond the allowable 10 percent variance (below $5,000) within line items or categories of expenditure, what changes in the budget are requested at this time or anticipated prior to the end of the grant period, if any?

Please update the original project budget attached to this application (in Excel format), completing column I (THFCM spent). Please note that variances up to 10% or $5,000 within line items are allowable, and any changes exceeding that amount will necessitate a budget amendment to be requested of and approved by the Foundation in advance. If a budget amendment is needed, please contact Foundation staff to request a copy of the budget amendment form.

 **Expenditures through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (date)

 **Remaining duration of project \_\_\_\_\_\_\_\_\_** (indicate number of months)

 **SUBMITTED BY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Director** |  |  |  |
|  | **Printed Name** | **Title** |
|  |  |
| **Signature** | **Date** |
| **Authorized Signatory** **of Grantee Organization** |  |  |
|  | **Printed Name** | **Title** |
|  |  |
| **Signature** | **Date** |

Attachment: Project Budget Form

Form created based on the work of Drs. Janice B. Yost and Abraham H. Wandersman

##### TASK/TIMELINE CHART FOR PLANNING PROJECT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Starting Date | Key Activities/ Outcomes Addressed | Responsible Party(ies) | Target Date | Revised Target Date | Completion Date | Explanation of Status/Activities Planned |
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