## 

## SYNERGY INITIATIVE GRANT PROCESS EVALUATION

*(Please limit responses 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.

1. 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?

1. What obstacles have you encountered with the project to date, and how are you

overcoming them?

1. Please 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?

1. What additional support do you need from the Foundation or other sources at this

time?

C. BUDGET STATUS

1. Please update the project budget attached to this application (in Excel format),

completing column I (THFCM spent). Beyond *the allowable variance* withinline items or categories of expenditure (described below), are any changes in the budget requested or anticipated prior to the end of the grant period? If yes, please describe the rationale and contact Foundation staff for guidance on the process for submitting a budget amendment request.

Budget Variance Guidance: Variances up to $5,000 within line items are allowable, and changes exceeding that amount will necessitate a request for the Foundation’s approval of a budget amendment, except in the rare case that the variance also represents less than 10% of the respective line item.

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

**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