

**Minnesota State Bar Foundation
Evaluation Outline**

Date: _____

Grantee (Name) _____

Address _____

Project Title _____

Foundation Amount Requested: _____

Foundation Amount Granted: _____

(If Applicable) Date Project Commenced _____

Date Project Completed _____

A. Describe project activities implemented with the Foundation Grant:

B. Discuss whether or not the activities achieved the desired project result.

C. Discuss whether the activities were valuable. (If possible, please identify independent references as to project success)

D. State whether you as the grantee correctly, over, or underestimated your project needs in the application submitted to the Foundation. If the estimate differed from actual expenditures, please discuss the differences.

E. State whether the Foundation grant was matched. If so, please identify the source and amount of matching funds.

Name of person completing evaluation outline:

Position / relationship to grantee:

Date: _____