



ANNUAL & SEMI ANNUAL GRANT EVALUATION REPORT FORM

As a Clothes Less Traveled grant recipient this year, your organization is required to submit a Grant Evaluation Report. The questions on this form refer only to the stated purpose on the application for which your organization received a CLT grant. **Failure to submit a completed Grant Evaluation Form as specified will subject your organization to disqualification for future grant funding for a minimum of 1 year.** Please complete this form and mail to Grant Coordinator, Clothes Less Traveled Thrift Shop, PO Box 3434, Peachtree City, GA 30269.

POSTMARK DEADLINE FOR ANNUAL GRANTEEES IS 12/31

POSTMARK DEADLINE FOR SPRING SEMI ANNUAL GRANTEEES - JUNE 30

POSTMARK DEADLINE FOR FALL SEMI ANNUAL GRANTEEES – JANUARY 31

NAME of ORGANIZATION: _____

ADDRESS: _____

_____ COUNTY: _____

YOUR NAME and TITLE: _____

EMAIL: _____ PHONE: _____

GRANT AMOUNT \$ _____ Annual ___ Semi-Annual ___ Spring ___ Fall ___ Emergency _____

1. Were CLT grant funds used for the originally stated purpose as requested per your application? YES or NO If not, please explain in detail the reason(s) why and how CLT funds were used.
2. Was this grant requested for a “new” program or project? YES or NO If yes, please share your outcomes and if you regard them a success.
3. Please share the impact receiving this CLT grant has had on your organization and/or your mission.

4. Please identify the category you feel best describes the purpose for which your CLT grant funds were used? If not listed below, please describe your project or program in the space provided after "Other".

Health & Wellness Child Welfare Handicapped/Special Needs Environment

Pro-Life Pregnancy Resources Emergency Shelter & Counseling Literacy Program

Adult Life Enrichment Animal Rescue Food Bank Youth At-Risk Programs

Welfare Assistance /Community Outreach Other _____

5. Please estimate by their resident county the % of people that were directly served by your organization's use of this CLT grant. For example, if you operate a free medical/dental clinic and used your CLT grant funds to treat only Fayette County residents, you would write 100% after Fayette. However, if your organization were located in Fayette county and your CLT grant funds were used to treat 60% Fayette County residents, 30% So. Fulton County residents and 10% from other counties not listed below, you would write "Fayette 60%, So Fulton 30% and Other 10%" which = 100%. If your organization is not currently tracking this information, please do your best to estimate the percentages.

Fayette_____Coweta_____So Fulton*_____Clayton_____Spalding_____Other_____

*So Fulton includes Fairburn, College Park, East Point, Hapeville, Palmetto and Union City

6. Please share the impact that this grant and the program or project it made possible had on the people in your community and the population you directly serve?
7. Describe any challenges or unanticipated benefits encountered with this program or project.
8. As you evaluate your program or project, what are your future plans concerning it?
Discontinue __ Reorganize and Redefine__ Maintain at present reach__ Expand__
9. Has your organization recognized The Clothes Less Traveled Thrift Shop since receiving your grant? If so, please describe in detail how you recognized CLT and attach samples if desired. If your organizations has not, why not?
10. May we quote you in our CLT newsletter, on our website, or other CLT media communications? Yes No

Thank you for completing this evaluation.