



Mini-Grant Evaluation Form

Applicants who receive funding must provide feedback on their project/program to **Building YOUth**. Please complete this form and return it to our office *within 30 days* of project completion. *(You may attach other sheets if necessary.)*

Title of Project/Initiative: _____

Start Date: _____ Completion Date: _____

Brief Description of the Project/Initiative: _____

Other groups/organizations involved in your effort: _____

Target Population(s): (please check all that apply)

Children (0-12) _____

Adolescents (13-17) _____

Adults (18+) _____

Senior Citizens (55+) _____

Other (Please describe) _____

Number of youth reached: _____ Ages of youth reached: _____

Number of adults reached: _____

List the Assets that were intentionally addressed by your project: _____

List the Assets that were unintentionally addressed by your project (i.e., as the project progressed, these assets were built, even though they were not in the original proposal): _____

How was the project successful? _____

What barriers or challenges did you face during your project? _____

Please provide a final report on how grant monies were used:

Project Item/Supply	Proposed Cost	Actual Cost
TOTAL:	\$	\$

Name: _____

Title: _____ Date: _____

Please return this form to:
Building YOUth
Bernards Township Health Department
262 South Finley Ave.
Basking Ridge, NJ 07920
Fax: 908.204.3075
Phone: 908.204.3068