



**Nazareth Legacy Fund for Mission  
Sisters of St. Francis of Peace  
20 Ridge Street  
Haverstraw, NY 10927  
NazarethLegacy@fspnet.org**

**GRANT EVALUATION**

Date: \_\_\_\_\_

*This evaluation report must be completed within 12 months of the receipt of the grant funds.  
Please complete all items below and mail to the above address.*

Project Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Evaluator \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

1. How was the purpose of the project achieved?
  
  
  
  
  
  
  
  
  
  
2. Indicate how the funding you received was spent. Please explain any variations from the budget items you submitted in the grant application.
  
  
  
  
  
  
  
  
  
  
3. How did you measure the effectiveness of your activities in achieving your goal?

4. Explain the impact of this project and indicate the approximate number of people served.

5. Please describe the role that our grant played in the implementation of the project.