



# COVID-19 COMMUNITY COMPASSION FUND



## Grant Evaluation Report

### Purpose and goals

Did you achieve the purpose and goals of the project funded by the Community Compassion Fund? \_\_\_\_\_

Did you serve:

☐ Individuals \_\_\_\_\_ number served

☐ Households \_\_\_\_\_ number served

In distributing the grant dollars, what was the approximate cost per person served?

\_\_\_\_\_

### Impact statement

Please share an impact statement that tells us how the funding helped you serve the community and the overall impact it had.

*Continue to the next page.*



Please share any additional pertinent information.

**ACCEPTED AND AGREED TO BY**

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Signature

Date

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Organization

Title

**Thank you for completing this evaluation form.**

