



GRANTEE PROGRAM EVALUATION FINAL REPORT

Due Within 30 Days Following Event

Email completed report to: jrupp@mihumanities.org

Title of the Grant Program: _____

Grant #: _____ Grant Amount: _____ Cost Share: _____

Congressional District(s) Served: _____

Project Director: _____ Title: _____

Name of Sponsoring Organization: _____

Name of Other Sponsoring Organizations: _____

Rating on a scale of 1 to 5, with 1 being the lowest and 5 being the highest:	Low 1	2	3	4	High 5	NA
1. Based on your self-assessment and audience feedback, how would you rate the overall success of the program? Major Grants Only: On a separate page, please provide a synopsis of your audience feedback.	1	2	3	4	5	N/A
2. How would you rate the knowledge and/or expertise of the humanities scholars or presenters/performers who were part of your program?	1	2	3	4	5	N/A
Based on your experience please indicate the extent to which you agree with the following statements. Your response should range from strongly disagree (1) to strongly agree (5).	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Circle if N/A
3. This program allowed our organization to effectively use themes of humanities in our public programming.	1	2	3	4	5	N/A
4. This program allowed opportunities to increase the audience's understanding of the humanities.	1	2	3	4	5	N/A
5. This program allowed opportunities to encourage reflection and dialogue amongst the audience(s)?	1	2	3	4	5	N/A
6. This program allowed us to effectively reach the target audience(s).	1	2	3	4	5	N/A
7. This program allowed us to actively involve the target audience(s).	1	2	3	4	5	N/A
8. This program allowed us to involve a diverse group of participants in the program, in terms of age, race, demographics and socio-economic status.	1	2	3	4	5	N/A

9. Give one example of how your program made a measurable impact on the participants/audience(s)? (Can be quotes or anecdotal information, also.)

10. Describe the types and levels of collaboration among cultural, educational, and community-based organizations for the project. Were any new collaborations established?

11. Review and comment on the following: Humanities Scholar/Professional and/or Presenter/Performer. Would you recommend them to others or use again?

12. Promotional and Resource Materials: Please attach a copy of all print and media materials as well as a copy of resource outcomes that were part of this program. Provide web addresses if applicable. Additional materials such as photos from events, comments from participants, etc., are also encouraged. Attach copies of correspondence with congressional and state legislators. List attached items.

Outcomes Based Evaluation

Use additional paper if needed.

Goals of the program	What objectives were utilized to reach your goal?	Outcomes of the program

Program Date(s) (Please list all individually)	Type of Project/Program (please select all that apply from the list below)	Attendance (onsite) # of Media Reps.	

Total # of Events: _____ Total Audience: _____ Total Media Audience: _____

Male _____# Female _____# K-12 _____# College _____# 25-55 _____# Over 55 _____#

Type of Projects to identify from:

1. Media: a. Television, b. Radio, c. Technology (CD Rom, online), d. Film, e. Slide, f. Photography, g. Video
2. Publications (newsletters, magazines, catalogues, brochures, guides, books)
3. Exhibitions
4. Projects in a museum
5. Projects in a library
6. Discussion programs (book, film, discussion, forum, conversation)
7. Conferences, Symposia, Lectures
8. Literacy projects/programs
9. Festivals (book, film, fairs, celebrations)
10. Chautauqua (living history, history theatre)
11. Speaker's Bureau
12. Collegiate Fellowships/Research projects (scholars, database, oral histories)
13. K-12 Teacher projects (institutes/seminars, curricular projects)
14. Student projects (History Day, authors, scholars in schools, oral history)
15. Preservation/access projects
16. Local history projects (cultural heritage tourism, sister cities, walking tours)

Final Budget Reporting

	MHC GRANT FUNDS		GRANTEE COST-SHARE			
	Approved Budget	Total Expended	Approved Budget	Total Expended Cash	Total Expended In-Kind	TOTAL Expended Cost Share
Salaries						
Fringe Benefits						
Honoraria						
Travel						
Telephone						
Rentals						
Printing & Duplicating						
Promotion						
Supplies & Postage						
Resource Materials						
Evaluation						
Other						
TOTALS						

CERTIFICATION: We certify that the foregoing information is true and correct, and that all expenditures were incurred solely for the purposes of the grant, during the grant period and in accordance with the provisions and conditions of the award.

Project Director (Typed Name): _____ Date: _____

Signature: _____

Fiscal Agent (Typed Name): _____ Date: _____

Signature: _____

Grantee: _____ Grant Number: _____