

**TECHNICAL ASSISTANCE PROJECT EVALUATION**

All grantees are required to submit a Technical Assistance Project Evaluation to the Nonprofit Management Fund via the Greater Milwaukee Foundation within 30 days of completion of the funded technical assistance activities. Please email the completed evaluation to ciadmin@greatermilwaukeefoundation.org. Lastly please complete and submit a final product report to the Nonprofit Management Fund via mail or email. (Nonprofit Management Fund address: 2819 West Highland Blvd., Milwaukee, WI 53208 or Email: dpatton@bdpandassociates.com)

We will file the document with your organization profile. Submittal of the evaluation and product report is required to be considered for future grants.

**ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF CONSULTANT/FIRM PROVIDING TECHNICAL ASSISTANCE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRANT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT OF GRANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRANT PERIOD BEGAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY IN WHICH YOUR ORGANIZATION IS LOCATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MONTH/YEAR OF CYCLE: \_\_\_\_\_\_\_\_\_\_\_\_**

1. **What were the specific outcomes/deliverables and/or products of the technical assistance underwritten by the Nonprofit Management Fund?**
2. **What do you feel your organization learned through this project? What did you learn about your consultant?**
3. **What long-term improvement/changes does your organization expect as a result from the technical assistance provided?**
4. **Please rate the overall performance of the consultant: CONSULTANT RATING: \_\_\_\_\_\_\_\_\_\_**

**4 = Excellent 3 = Good 2 = Fair 1 = Poor**

**Explain the rating:**

1. **Did you use funding from sources other than the Nonprofit Management Fund to complete your project? If so, identify both cash and in-kind support.**

|  |  |  |
| --- | --- | --- |
| **Source(s)** | **Cash (Amount)** | **In-Kind (Amount)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Please take a few minutes to provide the Nonprofit Management Fund with any recommendations to improve the application process and/or the policies and guidelines.**
2. **GENERAL COMMENTS:**

***Thank You!!***