

The Presbytery of the Redwoods
Mission Outreach Division
HUNGER TASK GROUP
SELF-EVALUATION FORM FOR TWO CENTS-A-MEAL GRANTS

Project Name: _____
Evaluator: _____ Telephone: _____ Email: _____
Project Address: _____
City: _____ State: _____ Zip: _____
Date Grant Received: _____ Amount of Grant: _____

Return this Form to:

PLEASE DESCRIBE, in the space below (use additional pages as needed), how the grant funds were spent. The information should include how this grant provided assistance, i.e., the number and status of people served, how they were served, and over what period of time. This evaluation will help the Hunger Task Group know how the project accomplishes its stated purposes. This information will be shared for education and interpretation purposes.

ACCEPTANCE OF GRANT FUNDS from the Hunger Task Group shall be considered as a commitment by the receiving entity to submit a Self-Evaluation within one month of the completion of the project or grant period. Pictures and stories are appreciated!

A "SELF-EVALUATION" FROM A REQUESTING ENTITY MUST BE ON FILE BEFORE FUTURE APPLICATIONS CAN BE CONSIDERED FOR FUNDING
--

Send completed application to:

Patty Sanders, HAE
Hunger Task Group – Presbytery of the Redwoods
P.O. Box 11901
San Rafael, CA 94912