DCI Community Care Grant Evaluation Form

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| *General Information* |
| Today’s Date: Click or tap here to enter text.  DCI Employee Contact: Click or tap here to enter text.  Organization Name: Click or tap here to enter text.  Organization Address: Click or tap here to enter text.  Organization Primary Contact Person: Click or tap here to enter text.  Email and Phone Number: Click or tap here to enter text.  Website: Click or tap here to enter text.  Date of Grant: Click or tap here to enter text.  Amount of Grant: Click or tap here to enter text. |

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| *Financial Report* |
| Please attach financial statements for the last full year. |

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| *Narrative Report* |
| What is your organization’s purpose or mission? Click or tap here to enter text.  Please provide a concise description of the organization’s progress in the last year. If you have an Annual Report, please attach. Click or tap here to enter text.  How do you measure success as an organization? Click or tap here to enter text.  Please attach 2-3 photos of recent activity of the organization. |

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| *Volunteer Needs* |
| What volunteer opportunities are available? Click or tap here to enter text. |