



California Job's Daughters Foundation, Inc.  
303 W. Lincoln Avenue Suite 210  
Anaheim, CA 92805-2928  
cajdfoundation.org

TIN 33-0692562

## EVALUATION OF EVENT

This evaluation form is being sent to you since a grant was given to California Grand Guardian Council for your event. Please return this form to the California Job's Daughters Foundation within 60 days after you have held your event. Failure to respond may prevent further grants being awarded to your group.

This grant evaluation form was filled out by \_\_\_\_\_ for  
\_\_\_\_\_ event.

Purpose of the grant: \_\_\_\_\_

When and where was this activity held: \_\_\_\_\_

Who was chairman or in charge of the event: \_\_\_\_\_

Number benefitting: Adults \_\_\_\_\_ Girls \_\_\_\_\_ Staff \_\_\_\_\_

Evaluate how effectively your event addressed the following goals using this scale.  
1= Poor 2= Fair 3 = Satisfactory 4 = Good 5= Excellent NA = Not applicable

\_\_\_\_\_ Strengthening your program

\_\_\_\_\_ Educating your participants

\_\_\_\_\_ Encouraging and supporting members of Job's Daughters of California

\_\_\_\_\_ Promoting membership in Job's Daughters

\_\_\_\_\_ Participants evaluation of event

Explain the most important outcome or result you hoped to achieve with your event. Be candid so Foundation can evaluate its overall grant program.

To what extent have you achieved this outcome or result?

Fully     Somewhat     Not much     Nothing

Event Income

Paid by Attendees	\$ _____
Paid by Trainers/Staff	\$ _____
Amount from Foundation	\$ _____
Amount from other Sources	\$ _____
Donations (Money or Items Value)	\$ _____
Total All Income	\$ _____

Event Cost

Speaker/Outside Trainer Costs	\$ _____
Training Materials	\$ _____
Printing	\$ _____
Advertising	\$ _____
Personnel	\$ _____
Facility Rent	\$ _____
Meals/Snacks	\$ _____
Other	\$ _____
Total	\$ _____

Were there any funds left over? If so, how much? \$ \_\_\_\_\_

Will additional funding be needed? Yes No Why? \_\_\_\_\_

Comments/explanation

Agreement: I certify that the information of all pages of this form is true and correct and that all expenditures were incurred for the purpose of the California Job's Daughters Foundation Grant.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Phone Number \_\_\_\_\_

email \_\_\_\_\_