



A-G.U.I.D.E. Nonprofit Partner Funding Evaluation Plan

Organization: _____ Contact Person: _____

Project/Program A: _____ Funding Period: _____

Project/Program B: _____ Funding Period: _____

PROGRAM/PROJECT <input type="checkbox"/> A <input type="checkbox"/> B	Activity # _____:
OUTPUTS / Measurable Indicators →	Evaluation Process - Outputs: Who, Tools, When
OUTCOMES / Measurable Indicators →	Evaluation Process - Outcomes: Who, Tools, When
PROGRAM/PROJECT <input type="checkbox"/> A <input type="checkbox"/> B	Activity # _____:
OUTPUTS / Measurable Indicators →	Evaluation Process - Outputs: Who, Tools, When
OUTCOMES / Measurable Indicators →	Evaluation Process - Outcomes: Who, Tools, When

PROGRAM/PROJECT <input type="checkbox"/> A <input type="checkbox"/> B		Activity # _____:	
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OUTCOMES / Measurable Indicators →		Evaluation Process - Outcomes: Who, Tools, When	

Narrative Response:

1. Describe input, if any, to this Evaluation Plan, or the Logic Model(s) on which it is based, from outside consultants, staff, Board, funders, clients, or other organization stakeholders.

2. Does the organization engage in other evaluation activities and reporting? If so, describe briefly.

3. Will any additional cost be incurred to implement this Evaluation Plan? ____ Yes ____ No
If yes, describe specific items and amounts.

4. If applicable, have additional costs been included in the project/program budget?

5. Who will be responsible for coordinating the evaluation process and preparing quarterly/annual reports?

6. How will evaluation data be used for internal performance improvement?

7. Will evaluation data/reports be shared with organization staff?

8. Will evaluation data/reports be shared with the organization’s Board of Directors?

9. The Delray Beach CRA requires that evaluation data relative to CRA support be reported quarterly and at the end of the year. Will the data/reports be shared with other funders?

10. Who are other organization stakeholders? Will evaluation data/reports be shared with them?

Signatures below indicate approval of and commitment to this Evaluation Plan and the Logic Model on which it is based:

Executive Director / Chief Executive Officer		Chairperson, Board of Directors	
Signature	Date	Signature	Date
Printed Name		Printed Name	

Attachment: Logic Model(s)