

PURCHASE OF SERVICES GRANT PROGRAM

Human Relations Commission

PROGRAM EVALUATION FORM

January 1, 2017 - June 30, 2017

1. **Name of Organization:** _____

2. **Grant Amount:** _____

3. **Funded Program:** _____

4. **Program Location(s):** _____

5. **Number of People Served by the Grant:** _____

6. **Number of Highland Park Residents Served by the Grant:** _____

7. **Describe the program.** Was the program consistent with the description provided by your application request? If not, how did it differ?

8. **How did the program meet the needs of under-served populations?**

9. **Name other funding sources or sponsors who supported this program:**

Name of Person Completing Evaluation: _____

Title of Person Completing Evaluation: _____

PROGRAM BUDGET

The following information should relate only to the program for which you were funded.

A.	EXPENDITURES: Personnel (program related)	CASH	INDIRECT COSTS	DONATED SERVICES	TOTAL
	1. Administrative staff				
	2. Other staff				
	Total Personnel				
B.	Implementation(cost of program)				
	1. Capital expenditures				
	2. Space/equipment rental				
	3. Promotion/printing				
	4. Postage & telephone				
	5. Supplies & materials				
	6. Outside professional services				
	7. Other _____				
	Total Implementation				
C.	TOTAL EXPENDITURES (A + B)				

D.	Earned Cash Income	TOTAL
	1. Tuition & fees	
	2. Other	
	Total Earned Cash Income	
E.	Other Cash Income:	
	1. Individual contributions	
	2. Business contributions	
	3. Government sources, i.e. city, park dist., state & federal, etc.	
	4. Private fund contributions	
	5. Applicant funds	
	6. Other	
F.	Total Other Cash Revenue (D & E)	
G.	Total Indirect Costs	
H.	Total Revenue (F & G)	
I.	Total Donations	

Please return the completed form via email by July 31, 2017 to

Laura Frey at Lfrey@cityhpil.com