Instructions: Please download this file and complete your Evaluation Plan. Save as a PDF and upload your Evaluation Plan in the attachments section of your grant application.

**Organization Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed outcomes:**  **You may list up to three.** | | | |
|  | **# clients served** | **% change as a result or your project/program** | **Impact Statement** (What impact do you propose to have on those served by your project/program?) |
| *Example:* | *50 clients* | *70%* | *70% of the 50 clients served with educational programming will, as a result, self-determine to be screened for diabetes.* |
| **Outcome 1:** |  |  |  |
| **Outcome 2:**  *(optional)* |  |  |  |
| **Outcome 3:**  *(optional)* |  |  |  |

**Describe the short- and long-term goals for the clients you serve. (200 word max)**

**Describe how you will monitor outcomes throughout the grant period. (200 word max)**