Fund for Homeless Women 2021

Community Foundation for Monterey County

Final Evaluation Report

Only complete this final evaluation report after <u>all grant funds have been spent</u>. If you need to request a grant extension, send an email message to Janet Shing or grants@cfmco.org with a brief explanation of the request, how much of the grant funds have been spent and when you will complete the final report.

Actual Results*

What activities and services were accomplished during the grant period? If you did not reach your proposed goals, describe the challenges faced related to the grant-supported work. What was done to address these challenges?

Briefly, what was learned over the last year, for example, with program implementation, partnerships, communication and/or program assessment, etc.? Is the organization planning to make any modifications as a result of what you learned, and if so, describe.

Character Limit: 4000

Emergency Assistance

If grant funds supported clients with emergency financial assistance, provide a brief description and statistics. For example, how many women received financial assistance, for how much and for what purpose? Briefly describe what additional support these women received, such as, case management.`

Character Limit: 2000

Final Expenses*

Did you spend the funds as planned? Yes or No (A separate expense report is not required as in the past.)

Character Limit: 500

CLIENT & GRANT DATA

Number of unduplicated women served*

Character Limit: 10

Demographic Information*

Describe the clients served. Be as specific as possible, including age, ethnicity, disability, etc.

Character Limit: 1500

Number of volunteers*
Character Limit: 10

TYPE OF SHELTER/HOUSING SERVICES OFFERED
If none were provided, enter "0".

Number of nights of emergency shelter*
Character Limit: 5

Number of nights of transitional shelter*
Character Limit: 5

Number of nights of transitional shelter (motel)*
Character Limit: 5

Number of nights of safe sleeping (monitored parking area)*
Character Limit: 5

Number of nights of permanent shelter*
Character Limit: 5

CASE MANAGEMENT OUTCOMES

Number of meetings/interactions with an internal case manager/navigator*
Character Limit: 5

Number who found employment*
Character Limit: 5

Number enrolled in school*
Character Limit: 5

Number engaged in appropriate health care*
Character Limit: 5

Number who increased their income (not including employment)*
Character Limit: 5

Number who received benefits (not previously realized)*
Character Limit: 5

Number of successful referrals*
Character Limit: 5

Grant Information

Program Name*

Character Limit: 150

Amount Awarded

Character Limit: 20

BELOW ARE THE PROPOSED BUDGET NARRATIVE AND EVALUATION PLAN FROM THE ORIGINAL APPLICATION.

Budget Narrative

What is the total program budget? What time period does it cover? What other funding is committed and pending? How would a Fund for Homeless Women grant be used and why is it needed at this time? If this is an ongoing program, what are your plans for how it can be sustained? If applying for both Emergency Assistance and Shelter/housing Expansion, state the requested amount for each purpose.

For Emergency Assistance applications, indicate how funds would be used, expected results and how these expenses will be tracked.

Character Limit: 2000

Program Description and Proposed Activities

Explain the proposed activities, services, scope of work and why you believe this will be effective.

How will this program help to increase access to shelter and safety for homeless women who are unsafe and in danger of harm? Include the organizational structures and personnel in place to effectively administer the proposed program.

Character Limit: 4000

Evaluation Plan

What will success look like at the end of the grant period? Provide a clear plan to evaluate the results of the program in relation to the goals and activities stated in the question above regarding Program Description and Proposed Activities, including how you will monitor and measure success.

Character Limit: 2000