



2011 STEPS OF HOPE SUPPORT GRANT EVALUATION FORM

Organization: ____

Contact Name: ____

Address: ____

Day Phone: ____

City: ____

State: ____ **Zip:** ____

Evening Phone: ____

Project Title: ____

Grant Amount: ____

Return this completed form to the Autism Society of Minnesota, 2380 Wycliff Street, Suite 102, St. Paul, MN 55114 before June 1, 2012. Additional information and photographs of your project are appreciated. If you fail to complete this evaluation form, you will not be eligible to receive future grants.

- 1. Briefly describe the project funded by your Steps of Hope Support Grant.**
- 2. Specifically, how were the funds used?**
- 3. What was the intended outcome of your project? How many individuals with ASD were affected?**
- 4. What activities were completed to accomplish the intended outcome?**
- 5. What changes, if any, were made in the project? Explain why.**
- 6. How did you gather information to evaluate the project?**