** Advised Fund Grant Evaluation Form**

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| --- | --- |
| Organization Name |  |
| Contact Person / Title |  |
| Address |  |
| Phone / E-mail Address |  |
| Grant Amount | $ | Date Received |  | Grant ID# |   |
| Grant Purpose |  |
| **In 300 words or less, please share how your organization used these grant dollars. The information you provide will be reviewed by Foundation staff and may be shared with fund advisors.**  |
|  |
| Signature / Title  |  |
| Date |  |
| **If this grant was awarded in response to a competitive proposal or RFP, please attach a copy of the original project budget with actual revenue and expenditures. No budgetary information is requested for general support or donor-initiated grants.**  |
| **Please e-mail this completed form and the budget attachment – if applicable – to** **advisedfunds@oregoncf.org** |