***Fulton Sheen Endowment***

**Evaluation Form**

*How to use this form: Use Tab or up/down arrows to move from box to box. When completed, save to your computer, then email to* *Development@cdop.org**. If not using computer, please give information requested in left column.*

|  |  |
| --- | --- |
| Organization / Parish | Click here to enter text. |
| City | Click here to enter text. |
| Date | Click here to enter a date. |
| Contact Person | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| Address | Click here to enter text. |
| City, State Zip | Click here to enter text. |
| Project Title | Click here to enter text. |
| Start Date | Click here to enter a date. |
| End Date | Click here to enter a date. |
| Did the project accomplish desired results? | Choose an item. |
| Please list reason(s) for your answer. | Click here to enter text. |
| If applicable, how many people attended? | Click here to enter text. |
| Are there plans to continue this project in the future? | Choose an item. |
| If no, explain. | Click here to enter text. |
| Would you tell others about this project? | Choose an item. |
| Why? | Click here to enter text. |
| A report of expenditures needs to be submitted with this Evaluation Form. |  |
| Are there any remaining funds?  | Choose an item. |
| If so, the unexpended funds need to be returned to the Sheen Endowment. |  |
| Other comments | Click here to enter text. |
|  |  |

Please email completed evaluation form to: Development@cdop.org

Or mail to: Office of Development & Stewardship

 Fulton Sheen Endowment

 Diocese of Peoria

 419 NE Madison Ave.

 Peoria, IL 61603

10/29/2014rm