



THE
WOMEN'S FUND
OF New Hampshire

WFNH would like to know the results of your project

Please answer the following questions:

Organization _____ Date _____

Project Title _____

1.) How has funding from WFNH benefited your project/organization? (Please check all that apply)

- Increased visibility
- Extended reach of project within community
- Extended reach of project to other communities
- Leveraged support from other funding sources. If so, which sources, and how much support?
 - Individuals: \$ _____
 - Corporations: \$ _____
 - Foundations: \$ _____
 - Other: \$ _____ (please describe or attach information)

2.) Funding WFNH was used to:

- Start up a new program
- Support an existing program
- Expand the services of an existing program
- Replicate an existing program in a new community
- Build organizational capacity
- For operating expenses only
- Other: _____

To help us better understand the populations reached through WFNH grants, please tell us about the number of people that were served through your project funded by WFNH in the past year.

3.) If you received funding for a specific program, please indicate the total number of people directly served through the funded program: _____

If you received funding for capacity building/operating expenses, please indicate the total number of people directly served by your organization: _____

*Using the following categories, please indicate the **number** of people served. If you received a grant for a specific program, please indicate the number of people served **ONLY** for the program that received funding. If you received funding for capacity building or operating expenses, please indicate the number of people served by the organization in its entirety.*

4.) Gender

Female: _____

Male: _____

5.) Age

Children under 12: _____ Adolescents, ages 13-18: _____

Individuals ages 19-39: _____ Individuals ages 40-59: _____

Individuals ages 60 and over: _____

6.) Race/Ethnicity

Caucasian: _____ African-American: _____ Asian-American: _____

Native American: _____ Latino: _____ Other: (please specify) _____

7.) Poverty Level

Household income at or below the federal poverty level: _____

Household income above the federal poverty level: _____

8.) Please list the number of residents in each NH county who received services through your program/organization.

Belknap: _____ Carroll: _____ Cheshire: _____ Coos: _____
Grafton: _____ Hillsborough: _____ Merrimack: _____ Rockingham: _____
Strafford: _____ Sullivan: _____ Outside NH: _____

9.) If you received funding for a specific program, what percentage of the program's budget did your WFNH grant cover?

If you received funding for capacity building or operating expenses, what percentage of the organization's budget did the Women's Fund cover?

We'd like your feedback on our application materials and the WFNH website so that we can ensure the Women's Fund continues to effectively serve the non-profit community.

Grant application materials:

10.) Were the grant application guidelines clear?

Yes No

11.) On a scale of 1 to 5, with 1 being simple and 5 being complicated; how would you rate the ease of preparing your original grant application?

1 2 3 4 5

12.) How do you think we could improve the application?

13.) Have you ever used our website?

Yes No

If Yes, which sections did you find *most* helpful?

- Welcome
- About WFNH
- Donate Now
- Grant Info
- Victory Stories
- News/Events
- Resource Center

14.) What else would you like to see (or see more of) on our website?

15.) How has funding from the Women's Fund positively impacted your program/organization?

16.) Additional comments....

17.) Please attach a line-item expense worksheet of how the funding provided was spent.

Thank you for taking the time to fill out this evaluation; we greatly appreciate your feedback. If you have any further questions or comments, please feel free to contact us at 603-226-3355.