



CareSource Foundation Grant Follow-Up Survey

*Must be completed within three months of program's end.
Required for any future grant consideration.
Use as much space as you like.*

1. Organizational Information
 - Organization Name:
 - Contact Name:
 - Address:
 - Email Address:
 - Phone:
2. Briefly reiterate the major goals of your grant:
3. Were your goals obtained?
 - If so, to what extent?
 - How did you come to your conclusions?
 - If not, what were the issues?
4. Did you stay within the limits of your budget? Please explain.
5. List any changes in your Project Description that occurred during the course of the program. Were there any unexpected issues. Surprises?
6. Please share any additional quantifiable results.
7. Do you have any digital photos of the grant in process? We'd love to see them and possibly include in our annual report. Please forward them to Cathy Ponitz at the email address below.

Thank you for your response!

We will use your feedback to assist in our continued efforts to provide high-quality grant funding for critical health and human service issues.

Please e-mail completed form to cathy.ponitz@caresource.com