

F R E N C H
 A M E R I C A N
 C H A R I T A B L E
 T R U S T

MAP Final Report prepared by Grantee

Name of Organization:

Date:

Name of Person Completing Report:

Reporting/Project Period:

Name(s) of MAP Consultant(s):

Please complete the following report describing the capacity building work for which you received FACT support. This information will help us evaluate the outcomes and impact of the MAP program. This report will be shared with FACT staff.

A. SATISFACTION WITH THE PROJECT CONSULTANT(S)

1. Please indicate your level of satisfaction with your MAP consultant(s).

How satisfied were you with...	Very Dissatisfied 1	Dissatisfied 2	Satisfied 3	Very Satisfied 4	NA/No Opinion 0
A. The consultant's coordination and management?					
B. Work products and documentation?					
C. The consultant's ability to complete the project within the mutually agreed upon timeframe?					
D. The extent to which the consultant's services helped your organization reach its goals for this project?					
E. The extent to which the consultant's services contributed to your organization's skills, knowledge, and/or systems?					

2. Briefly discuss what you learned, if anything, about selecting and managing technical assistance providers

B. RESULTS OF THE CAPACITY-BUILDING PROJECT

1. Please review, reference and describe here the Goals and Anticipated Outcomes from the approved scope of work.

2. Did the goals or anticipated outcomes change over time, and if so, why?

3. To what extent do you feel the organization achieved its goals? Please circle.

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
1	2	3	4

4. Along the way, what progress was made? Describe some key benchmarks in the process to achieving your goals. Please share any highlights or notable moments for the organization during the course of its MAP consultancy?

5. What level of impact has this work and process had on your organization and the people in it? For example, describe any shifts in work processes, organizational structure, strategy etc. Please circle.

No Impact	Very little impact	Some Impact	Enormous impact
1	2	3	4

Please explain briefly:

6. Do you feel that these changes in the organization can be sustained over time? How?

7. Are there tools, practices, processes that your organization learned from this experience and will continue to implement on its own?

8. Describe any problems or challenges you encountered? How did you respond to them?

9. Were there any surprises you'd like to share?

10. Are there things you learned from this process that might be helpful to other organizations?

11. Where do you go from here? Did this process reveal new or next priorities for capacity building?

12. Is there anything else you'd like to add about this experience, the MAP program, or the consultant's performance?

Please return this form via email to Emily Goldfarb, MAP Lead Consultant, at egoldnrrio@aol.com. Thank you for your time!

F R E N C H
A M E R I C A N
C H A R I T A B L E
T R U S T

MAP Final Report by Consultant(s)

Name of Organization:

Date:

Reporting/Project Period:

Name(s) of MAP Consultant(s):

Please complete the following report describing the capacity building work that you did for a FACT grantee. This information will help us evaluate the outcomes and impact of the MAP program. This information will be shared with FACT staff.

Please review and reference the Goals and Anticipated Outcomes from the original approved scope of work.

A. RESULTS OF THE CAPACITY-BUILDING PROJECT

1. What were the organization's goals and anticipated outcomes for the MAP consultancy? Did the goals or anticipated outcomes change over time, and if so, why?

2. What progress was made? Describe some benchmarks in the process to achieving their goals. What were some highlights, notable moments or accomplishments?

3. Do you feel that these changes in the organization can be sustained over time? How?

4. In what ways do you feel you contributed to "organizational learning"? Did you actively try to transfer skills, knowledge, practices, perspectives so that the organization may be able to incorporate this work into their regular practice and lead it on their own? Please describe.

5. Describe any problems or challenges you encountered? How did you respond to them?

6. Where do they go from here? Are there new or next priorities with respect to capacity building that you and the grantee identified?

7. What did you learn from this process that might change your approach or that may help others?

B. FEEDBACK ON THE FACT MAP PROGRAM AND PROCESS

1. Do you think that the MAP process is clearly and fairly run and administered?

2. Did you receive appropriate guidance and support from the Lead Consultant, Emily Goldfarb?

3. Did you encounter challenges or confusion in any aspect of the process?

4. Do you have recommendations for how we may want change or improve the MAP program?

5. Overall, do you think this is a good model for a foundation-supported capacity building?

Why or why not?

Please return this form via email to Emily Goldfarb, MAP Lead Consultant, at egoldnrrio@aol.com.

Thank you for your time and work!