Individual Project Assessment Sheet

End-of-Year Evaluation Questionnaire

2024-2025

# Date due: *July 15, 2024*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |  |
| **Agency Name:**  |  | **Contact Person:** |  |
| **Project Name:** |  | Staff Involved:  |  |
|  |  |
|  |  |
| **No.** | **Evaluation Question/Response** |
| 1. | Please provide a description of each objective used within the scope-of-work identified by the project and the results or impact connected to the effect of executing this objective? Include the objective; how it is measurable; what the outcomes were; if the project reached/exceeded/fell short of its success measures or projected outcomes and an explanation of the reported success of the project; how the project manager/coordinator would monitor objectives and strategies throughout the year; who was involved in the realization of the objectives; and any additional information that can assist in evaluating the proposed project*. Please note: this question should be answered individually for each objective and the quality of the response is important; include relevant data collected for each objective and pre/post-test result summaries if applicable.* (Attach additional sheets for this question if necessary.) |
| 2. | List the highlights or examples of accomplishments the project has had for fiscal year 2024-2025: |
| 3. | How have children prenatal to 5 years of age and/or their families benefited from this project? Explain how groups served have benefited directly or indirectly as a result of services provided: |
| 4. | Please describe any collaborative efforts/partnerships this Project has established with other programs/agencies during the course of the fiscal year. *Feel free to attach any informal agreements, MOUs and/or any other documents that can be used to support these efforts.* |
| 5. | What process was used to evaluate the overall impact and performance of the project for the fiscal year? *Include a description of the process, who was involved, data collection instruments used, evaluation documents, etc.*  |
| 6. | Identify any major challenges faced by the project during the fiscal year, and how these challenges were or will be addressed. (This may present an opportunity to highlight activities or services that the project undertook during the project year that may have gone above and beyond the scope-of-work identified by the project) |
|  | ***Projects may want to share additional information/documents that may work to highlight services to children, families and/or caregivers during the year, such as: brochures, articles, flyers, project fact sheets, etc. Therefore, feel free to include any documents to this questionnaire.*** |

Please provide the following totals for populations served from July 1, 2024 through June 30, 2025:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **City** | **Children by Age** | **Parents** | **Family Members** | **Caregivers/Professionals** | **Community Strengthening** |
|  | 0-2 | 3-5 |  |  | Medical | ECE/Childcare | Social Services | Other |  |
| Brawley |  |  |  |  |  |  |  |  |  |
| Calexico |  |  |  |  |  |  |  |  |  |
| Calipatria |  |  |  |  |  |  |  |  |  |
| El Centro |  |  |  |  |  |  |  |  |  |
| Heber |  |  |  |  |  |  |  |  |  |
| Holtville |  |  |  |  |  |  |  |  |  |
| Imperial |  |  |  |  |  |  |  |  |  |
| Niland |  |  |  |  |  |  |  |  |  |
| Ocotillo |  |  |  |  |  |  |  |  |  |
| Seeley |  |  |  |  |  |  |  |  |  |
| Salton City |  |  |  |  |  |  |  |  |  |
| Westmorland |  |  |  |  |  |  |  |  |  |
| Winterhaven |  |  |  |  |  |  |  |  |  |
| Other\* |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |

\*If “Other” please provide a brief explanation, such as “unknown” or “unincorporated area.”

Other = Unknown