



Strengthening Neighborhoods
A program of The Denver Foundation

Strengthening Neighborhoods Program

SMALL GRANT FINAL REPORT FORM

SN: _____
G1: _____
G2: _____
G3: _____
G4: _____
G5: _____
FIMS: _____

Please complete this report with the others in your project leadership group. It's always a good idea to set aside time to gather to evaluate your project right after it is completed.

The Strengthening Neighborhoods Program uses this information to see if we are meeting our goals, to see if you received the support you needed to complete your project, and to improve the Strengthening Neighborhoods program. Your honest and thoughtful answers are appreciated.

Please submit this Report and the Budget Report Form by _____. If you have any questions or need help completing this report, please call Patrick, LaDawn, or David at 303-300-1790. If you would like to complete this report orally at a meeting of other Strengthening Neighborhoods' grantees, please see the information at the end of page 3.

Name of Group and Project: _____

Grant Number: _____ **Today's Date:** _____

Who helped to complete this form (list names): _____

1. Key Leaders: Please list the names of the key leaders who helped plan and carry out this project. Please do not include folks who volunteered briefly or who simply attended an event.

First name:	Last name:
Street:	City, ST ZIP:
Phone: () () () Home work cell	E-mail:
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Check if new leader for this project
Neighborhood: <input type="checkbox"/> Clayton <input type="checkbox"/> Commerce City <input type="checkbox"/> Elyria-Swansea <input type="checkbox"/> Globeville <input type="checkbox"/> Highland <input type="checkbox"/> Northeast Park Hill <input type="checkbox"/> Original Aurora <input type="checkbox"/> Skyland <input type="checkbox"/> Sunnyside <input type="checkbox"/> Whittier <input type="checkbox"/> Other:	

First name:	Last name:
Street:	City, ST ZIP:
Phone: () () () Home work cell	E-mail:
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Check if new leader for this project
Neighborhood: <input type="checkbox"/> Clayton <input type="checkbox"/> Commerce City <input type="checkbox"/> Elyria-Swansea <input type="checkbox"/> Globeville <input type="checkbox"/> Highland <input type="checkbox"/> Northeast Park Hill <input type="checkbox"/> Original Aurora <input type="checkbox"/> Skyland <input type="checkbox"/> Sunnyside <input type="checkbox"/> Whittier <input type="checkbox"/> Other:	

First name:	Last name:
Street:	City, ST ZIP:
Phone: () () () Home work cell	E-mail:
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Check if new leader for this project
Neighborhood: <input type="checkbox"/> Clayton <input type="checkbox"/> Commerce City <input type="checkbox"/> Elyria-Swansea <input type="checkbox"/> Globeville <input type="checkbox"/> Highland <input type="checkbox"/> Northeast Park Hill <input type="checkbox"/> Original Aurora <input type="checkbox"/> Skyland <input type="checkbox"/> Sunnyside <input type="checkbox"/> Whittier <input type="checkbox"/> Other:	

First name:	Last name:
Street:	City, ST ZIP:
Phone: () () () Home work cell	E-mail:
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Check if new leader for this project
Neighborhood: <input type="checkbox"/> Clayton <input type="checkbox"/> Commerce City <input type="checkbox"/> Elyria-Swansea <input type="checkbox"/> Globeville <input type="checkbox"/> Highland <input type="checkbox"/> Northeast Park Hill <input type="checkbox"/> Original Aurora <input type="checkbox"/> Skyland <input type="checkbox"/> Sunnyside <input type="checkbox"/> Whittier <input type="checkbox"/> Other:	

First name:	Last name:
Street:	City, ST ZIP:
Phone: () () () Home work cell	E-mail:
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Check if new leader for this project
Neighborhood: <input type="checkbox"/> Clayton <input type="checkbox"/> Commerce City <input type="checkbox"/> Elyria-Swansea <input type="checkbox"/> Globeville <input type="checkbox"/> Highland <input type="checkbox"/> Northeast Park Hill <input type="checkbox"/> Original Aurora <input type="checkbox"/> Skyland <input type="checkbox"/> Sunnyside <input type="checkbox"/> Whittier <input type="checkbox"/> Other:	

****Please use a separate sheet of paper to include more key leader names if necessary.****

2. Key Leader Demographics. We would like to know about the diversity of the Key Leaders you listed above. Please indicate the number of people in each demographic category.

AGE	#	GENDER	#	RACE	#	HOUSING	#
Senior (over 65)		Female		African American		Homeowner	
Adult (19-65)		Male		Anglo		Renter	
Youth (18 & under)		Other		Asian			
				Latino			
				Mixed Race			
				Native American			
				Other			
TOTAL							

3. Organizations:

Did you work with any other non-resident-led organizations or institutions (churches, schools, non-profits, government agencies, etc.) on this project? Yes No

If you answered "Yes," please tell us the name of the group(s) and the name of your primary contact. Attach additional pages as needed. Also please complete page 8 of this report.

Organization Name:	Contact Name:
Organization Name:	Contact Name:
Organization Name:	Contact Name:
Organization Name:	Contact Name:
Organization Name:	Contact Name:
Organization Name:	Contact Name:

4. Strengthening Neighborhoods Goals: Tell us how well you think you met the following goals. Circle the number that applies to your group. If the goal does not apply to your project, please circle n/a.

	1 Did not meet	2 Partially Met	3 Met	4 Met really well	n/a Does not apply
1. Our project built positive relationships among residents in our neighborhood based on equality and the valuing of everyone's contributions	1	2	3	4	n/a
2. Our project supported resident leaders in our neighborhood	1	2	3	4	n/a
3. Our project organized residents to create positive change in our community.	1	2	3	4	n/a
4. Our project connected residents and resident-led groups across different neighborhoods so they could learn from one another and take action on common concerns.	1	2	3	4	n/a
5. Our project helped non-resident-led groups (businesses, churches, schools, non-profit or city agencies, etc) to see the importance of working with residents.	1	2	3	4	n/a

5. New relationships: Approximately how many people, who were strangers at the beginning of this project, now know each other's names as a result of their work together on this project? These people can be leaders, volunteers, or people who came to an event.

_____ (number of people)

6 We would like to know about the diversity of the people who formed new relationships. Please estimate the number of people in each demographic category.

AGE	#	GENDER	#	RACE	#	HOUSING	#
Senior (over 65)		Female		African American		Homeowner	
Adult (19-65)		Male		Anglo		Renter	
Youth (18 & under)		Other		Asian			
				Latino			
				Mixed Race			
				Native American			
				Other			
TOTAL							

● Strengthening Neighborhoods will be hosting several meetings each year for grantees who would like to talk about their projects, rather than filling out the rest of this report form. If you wish to take part in one of these group evaluations, please contact LaDawn Sullivan at (303) 996-7350. **YOU DO NOT NEED TO FILL OUT THE REST OF THIS FORM. PLEASE RETURN THESE FIRST TWO PAGES BEFORE THE GROUP MEETING TO THE ADDRESS BELOW.**

OR: If you choose to fill out the rest of this report form, please do so at a meeting of your project's leadership group. Please pick at least one of the five goals listed in question 4 and answer the questions that match that goal. Each of the goals has a separate set of questions, with space for your answers, on the following pages. It will be a great help to your group, to Strengthening Neighborhoods, and to future grantees if you answer the questions for all the goals that your project met or tried to meet.

When you are finished, please return the entire report (or the first two pages if you will be attending an oral report meeting) to:

LaDawn Sullivan
The Denver Foundation
55 Madison St., Suite 800 Denver, CO 80206

PLEASE INCLUDE ANY FLYERS, POSTERS, AND ESPECIALLY PHOTOS THAT YOU MADE, TOOK, OR USED IN YOUR PROJECT

Thank you for the time and hard work you've given to strengthening your neighborhood!

Goal #1: Our project built relationships among residents in our neighborhood based on equality and the valuing of everyone's contributions.

How have relationships in your neighborhood grown stronger as a result of this project?

How did your group make important decisions about your project? _____

Describe the major activities that took place. _____

How did your group evaluate your project after it was over? _____

What went well? What were the highlights? _____

What would you do differently next time? _____

Goal #2: Our project supported resident leaders in our neighborhood.

Formal leadership training: Did anyone in your group develop their leadership skills as a result of assistance from an outside trainer, consultant, or leadership class? **Yes** **No**

If "yes," please list the names of these group members: _____

Please give the name of the outside trainer. _____

Informal leadership development: Did anyone in your group develop their leadership skills as a result of the experience of planning and carrying out this project, or through mentoring, coaching, or training provided informally by other project leaders? **Yes** **No**

If "yes," please list the names of these individuals: _____

Type of leadership skills developed: Check the boxes below that most closely match the leadership skills that were developed by members of your group through this project.

Check all that apply.

- Leader(s) learned to build relationships in the community and to create a Leadership Team
- Leader(s) learned to conduct effective meetings
- Leader(s) learned how to help the community develop its vision for this project
- Leader(s) learned how to develop the project's purpose, goals, and/or strategy
- Leader(s) learned how to design a community project and develop an action plan for carrying it out
- Leader(s) learned how to find the assets and resources needed to achieve the project's goal
- Leader(s) learned how to implement the project
- Leader(s) learned how to create and conduct an effective celebration for volunteers
- Leader(s) learned how to conduct an effective evaluation of the project

Please choose one or two of the boxes that you checked above and give an example of how this type of leadership development occurred as a result of this project.

Example 1: _____

Example 2: _____

Goal #3: Our project organized residents to create positive change in our community.

How did your group choose the community issue(s) on which the group worked? If you chose from among several issues, how did the group decide which issue was most important?

How did your group identify new leaders and get them involved in the group's work?

Did your group evaluate its work in the course of this project? **Yes** **No**

If "yes," please tell us how the group evaluated its work. _____

What influential or decision-making organizations or institutions has your group made contact with as a result of this project (for example, local schools, city agencies, elected officials)?

Did any actual changes in policy occur as a result of your work? (For example, did your group help change a harmful public policy or pass a positive policy? Did you reform something that needed to be changed? Did your group achieve a lasting improvement in the community?)

Describe any ways in which your group influenced the issue(s) on which you worked other than public policy changes (e.g., your group might have helped build a coalition that prepared the groundwork for public policy changes in the future, or presented its research to a public body, even if that body did not adopt (or has not yet adopted) your policy recommendation).

Goal #4: Our project connected residents and resident-led groups across different neighborhoods so they could learn from one another and take action on common concerns.

Please list up to five people you met or talked to from other groups and/or neighborhoods from whom you learned something or with whom you shared something you had learned:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____

What did you learn from these groups or share with them?

Did you work directly with any other resident-led groups from other neighborhoods to take action on concerns that you and the other group(s) shared **Yes** **No**

If "yes," please tell us the name(s) of the group(s). _____

What were the common concerns on which you worked? _____

What did you do together? _____

Goal #5: Our project helped non-resident-led groups (businesses, neighborhood institutions like churches, schools, non-profit or city agencies, etc.) to see the importance of working with residents.

Please tell us about the organization(s) with which you worked by filling out the following information. Make a separate entry for each group with which you worked. Make extra copies of this page if necessary.

Name of non-resident led group:					
Neighborhood: <input type="checkbox"/> Clayton <input type="checkbox"/> Commerce City <input type="checkbox"/> Elyria-Swansea <input type="checkbox"/> Globeville <input type="checkbox"/> Highland <input type="checkbox"/> Northeast Park Hill <input type="checkbox"/> Original Aurora <input type="checkbox"/> Skyland <input type="checkbox"/> Sunnyside <input type="checkbox"/> Whittier <input type="checkbox"/> Other:					
Type of Group: <input type="checkbox"/> Business <input type="checkbox"/> Church <input type="checkbox"/> Nonprofit <input type="checkbox"/> School <input type="checkbox"/> City Agency <input type="checkbox"/> Other:					
Street:			City, ST ZIP:		
Phone:			E-mail:		
Contact's First name:			Contact's Last name:		
Contact's Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other					
<i>Circle the number that best represents this organization's support for resident involvement in the community or in the work of the organization itself.</i>					
0	1	2	3	4	5
Not interested	Willing to meet one time	Regular communication with residents (e.g., through community advisory board)	Provides occasional project support (in-kind or cash donations, volunteers, etc.)	Willing to engage in, & join partnerships, with full resident participation in planning & execution of projects	Full commitment to resident leadership within the organization itself

Name of non-resident led group:					
Neighborhood: <input type="checkbox"/> Clayton <input type="checkbox"/> Commerce City <input type="checkbox"/> Elyria-Swansea <input type="checkbox"/> Globeville <input type="checkbox"/> Highland <input type="checkbox"/> Northeast Park Hill <input type="checkbox"/> Original Aurora <input type="checkbox"/> Skyland <input type="checkbox"/> Sunnyside <input type="checkbox"/> Whittier <input type="checkbox"/> Other:					
Type of Group: <input type="checkbox"/> Business <input type="checkbox"/> Church <input type="checkbox"/> Nonprofit <input type="checkbox"/> School <input type="checkbox"/> City Agency <input type="checkbox"/> Other:					
Street:			City, ST ZIP:		
Phone:			E-mail:		
Contact's First name:			Contact's Last name:		
Contact's Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other					
<i>Circle the number that best represents this organization's support for resident involvement in the community or in the work of the organization itself.</i>					
0	1	2	3	4	5
Not interested	Willing to meet one time	Regular communication with residents(e.g., through community advisory board)	Provides occasional project support (in-kind or cash donations, volunteers, etc.)	Willing to engage in, & join partnerships, with full resident participation in planning & execution of projects	Full commitment to resident leadership within the organization itself

