



Beyond Idea Grant (BIG) Program Evaluation

Notice that data fields with asterisks (*) are required information.

Date _____

*Name of Organization: _____

*Street Address 1: _____

Street Address 2: _____

*City: _____ *State: _____ *Zip Code: _____

*Employer Identification Number (EIN): _____

Primary Contact

*First Name: _____ *Last Name: _____

*Title: _____

*Phone Number: _____ *Email Address: _____

*What communities or target audience did your project serve? **500 character limit**

If applicable, please list the Towns or Counties in which your project operated. **500 character limit**

*Total number of individuals served?

***What were the planned versus actual activities? 3500 character limit**

- Were objectives met?
- Did you encounter any barriers?

EXAMPLE ONLY

***Who were the key stakeholders you partnered with to complete the project? 2000 character limit**

***Report your key measures (quantitative and qualitative) for the project. 2000 character limit**

EXAMPLE ONLY

***How did you move your community forward? 2000 character limit**

***What did you learn through implementing this project? 2000 character limit**

EXAMPLE ONLY

***What plans have you made beyond the grant period? 2000 character limit**

***Can your project be replicated in other communities?**

If yes, can we refer other South Dakota communities to your organization for more information?

Using the budget attachment you submitted in your application, upload your final expenditures versus planned budget. *Attachment Required

Please note the external evaluator may call the awardees to clarify responses.