## SITE VISIT TEAM SUMMARY (Fall 2013)



Please complete this form for each organization visited.

Organization Name:	Program Name:	
Contact Person & Title:	Date Visited:	
Site Visit Team Members in Attend	ance:	
Organization's Representatives (tit	e/role) in Attendance:	
Amount Requested:		
OR		
REASON FOR RECOMMENDATIO	N TO FUND OR DECLINE:	
STRENGTHS:	CONCERNS:	
1. Describe the need for the service	ces provided by the program:	
2. What specifically will the organ	ization do with a Foundation grant?	
3. What are the organization or p	roject's notable successes in the last year?	
4. For advocacy proposals: Do the	e project's strategies appear likely to bring about system change?	
5. Did you observe or learn anythi	ng that was new or inconsistent with the proposal?	

6. From the team's observations, is the organization accessible to persons with disabilities?		
YES OR NO		
7. Budget Questions:		
a) Have things changed with the financial state of the organization since proposal submission? If so, were you given updated financial statements?		
b) If your organization had specific prompts regarding financial concerns you discussed during the subcommittee meeting, please address those issues here:		
8. How would CFW funding impact the project, financially and programmatically?		
9. If the organization does not meet its proposed budget, what changes will occur in the program/project?		
10. Who are the agency's partners and collaborators in the community? How do these partnerships support the work?		
11. Site visit prompts: Please include answers/clarifications to questions brought up during the Grantmaking Subcommittee's review meeting:		
Other Comments:		
NOTE: Please be prepared to briefly share the following information about this organization during the Final Recommendations meeting:  • Why you have made your recommendation to fund or decline  • Organization/project's assets  • Any additional concerns		