

YIP MATTERS!



LISTENING TO OUR PROJECTS:
A QUESTIONNAIRE FOR GRANT
RECIPIENTS

AN EVALUATION TOOLKIT FOR YOUTH PHILANTHROPY

www.yipcanada.org

ACKNOWLEDGEMENTS

Youth in Philanthropy Evaluation Tool Kit

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YOUTH IN
PHILANTHROPY
CANADA



PROGRAMME DE
JEUNESSE ET PHILANTHROPIE
CANADA

YIP MATTERS!



LISTENING TO OUR PROJECTS: A QUESTIONNAIRE FOR GRANT RECIPIENTS

Our YAC is conducting an evaluation of the grants it has made. We are requesting that you complete this questionnaire. Your feedback is very important. It will help us understand the impact of our grants and improve our grantmaking process. Thank you for participating!

We are also evaluating the internal operations of our YAC, to help us improve and learn.

The information collected in our evaluation, and in other YAC evaluations across the country (always respecting confidentiality), will become part of the youth in philanthropy database. This information will help individual YACs improve their effectiveness and provide important information for funders and other organizations working with youth and/or small grants.

Thank you for helping us improve our work.

This is a two-part questionnaire. A representative of your project should complete part one of the questionnaire. Part two is optional and can be completed by youth who were directly involved in the project.

QUESTIONNAIRE FOR GRANT RECIPIENTS: PART ONE

Please complete this questionnaire online at www.yipcanada.org



Name of YAC:	
Name of community foundation:	
Contact for follow up	
Name:	
Position:	
Name of your organization:	
Phone number:	
E-mail address:	
Name of project:	
Amount of grant received:	
Date questionnaire completed:	

PROFILE

1. From the list below, please check the box that most describes the focus for your grant.

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Environment | <input type="checkbox"/> Youth engagement |
| <input type="checkbox"/> Social service | <input type="checkbox"/> Education | <input type="checkbox"/> Health |
| <input type="checkbox"/> School project | <input type="checkbox"/> Community development | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Other _____ | | |

2. From the list below, please check the box that most describes the type of activities the grant was used for.

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Equipment or renovations | <input type="checkbox"/> Events or celebrations | <input type="checkbox"/> Training |
| <input type="checkbox"/> Education (e.g. workshops) | <input type="checkbox"/> Concerts or performances | |
| <input type="checkbox"/> Services or programs | <input type="checkbox"/> Other _____ | |

3. Of the total cost of your project, how much did the grant received from the YAC cover?

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> less than 30% | <input type="checkbox"/> 30% to 60% | <input type="checkbox"/> over 60% |
|--|-------------------------------------|-----------------------------------|

4. You received additional funding from the following sources. (Check all that apply)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Government | <input type="checkbox"/> Corporations/businesses | <input type="checkbox"/> Service clubs |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Schools | <input type="checkbox"/> Other |

5. Were other organizations involved in your project?

- | | | |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Somewhat | <input type="checkbox"/> To a significant extent |
|-------------------------------------|-----------------------------------|--|

6. If involved, the organizations were: (Check all that apply)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Religious organizations | <input type="checkbox"/> Not for profit organizations |
| <input type="checkbox"/> Youth groups | <input type="checkbox"/> Local stores/businesses | <input type="checkbox"/> Other _____ |



REFLECTION ON EXPERIENCE

1. What were your project objectives?

2. Please indicate how well you feel your project met its objectives and activities.

Not met Partially met Mostly met Completely met

3. If the objectives and activities were not met, please explain why.

4. What were the major strengths of the project? Please describe the project's key achievements.

5. What would you do differently next time?

6. Please tell us about your most important learning from the project.

YOUTH ENGAGEMENT

1. Were youth directly involved in the project?

Yes No

If you responded yes to this question please answer questions 1- 4 and invite youth involved to complete section two. If youth were not directly involved in the project please proceed to part five.

2. Please indicate the total number of youth involved (under age 25) involved in your project.

1 - 10 11 – 25 26 – 40 41 – 60 Greater than 60



3. How diverse were the youth involved in your project (e.g. gender, cultural, socio-economic, sexual orientation, etc.)?

- not at all diverse somewhat diverse very diverse

4. What types of tasks did the youth perform in this project? (Check all that apply)

- Planned the project (e.g. proposed idea, recruited other youth)
 Managed the finances/grant Helped in an administrative capacity
 Organized the event Volunteered at the event
 Coordinated work of others Purchased supplies, if needed
 Provided reports (verbally or written) Spoke to media
 Promoted or marketed the event Delivered the services/program activities
 Other _____

5. Please estimate the total amount of time that was contributed by youth volunteers to your project.

- 1–25hrs 26–75 hrs 76–150 hrs 151–250 hrs
 Greater than 250 hrs



EXPERIENCE WITH YAC FUNDING

1. How did you find out about YAC funding?

2. In order to improve our YAC grant-making process, please rate your experience with the YAC grant-making process below (1 = poor, 5= fantastic).

Area	Poor 1	2	3	4	Fantastic 5
a. Information about funding through YAC					
b. Application and assessment process					
c. Site visit by YAC (if applicable)					
d. Reporting requirements					
e. Responses to your questions (if applicable)					
Other _____					

Comments:

3. Would you apply for funding from the YAC again in the future?

Yes

Maybe

No

YOUR STORY

1. Please tell a story that best illustrates the difference the project has made in someone's life. You may tell your story with words, photos, drawings or by using a combination of creative approaches like scrap booking or storyboards.

2. If your project created any written materials or tools that help illustrate your activities please attach them if possible.

3. If your project received any print or media coverage please describe the coverage or attach the clippings if possible.

4. If your project acknowledged YAC funding in any way please describe the recognition or attach examples if possible.

Thank you for completing this questionnaire.

If youth were involved directly in your project please photocopy the attached pages and invite them to respond to section two of the questionnaire.



5. Please provide an example (story) that you think best describes the impact of being involved in this project on you and other participants.

6. Other comments: We welcome additional comments Please include any other information or materials that will help our YAC better understand your project.

Thank you very much for completing this questionnaire.

