

Pittsburgh Child Guidance Foundation

Project Overview and Outcomes Planning Form Please fill in each section below **briefly** with no more than a sentence or two or a few bullet points. The finished document cannot exceed one page, 10 pt. font.

Organization Name: R	equest Amount:
Overall Goal of the program or project for which you are seeking funding?	Intended Beneficiaries: Whom will you serve, and approximately how many people?

What are the specific positive changes you expect as a result of the program? Please list up to four of the most important.

1	
2	
3	
4	

What are the project activities that you expect will lead to these positive changes? Please list up to four of the most important. 1 2 3 4

How do you plan to measure the positive changes you expect? It may not be practical to evaluate all your intended outcomes, but you should have a plan to measure at least some of the positive changes you expect. Please list the outcomes (positive changes from your list above) that you will evaluate and describe how you will measure each.	
1	
2	
3	
4	