



EMPLOYMENT TRAINING PANEL
Paid Family Leave Small Business Grant (PFL SB Grant) 2020
FINAL GRANT EVALUATION FORM

Organization (Applicant) Name:

Address:

Designated Contact Person and Title:

Phone:

Email:

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- 1) Please complete the following table. Include the following information: planned number of small businesses to be served, actual number of small businesses served, total individuals planned to be served, total individuals served actual, total funding granted, total funding used. You may add additional lines to the table as needed.

| Category | Planned | Actual |
|---------------------------------|---------|--------|
| Small Businesses (to be) served | | |
| Total Individuals served | | |
| Total Funding | | |

- 2) Please provide a brief narrative of no more than two (2) additional pages that summarizes the outcomes and activities of your grant. Include information on the amount of your total grant that was expended, and a demographic summary of your small businesses and individuals served. You may also include lessons learned and/or highlight the successes of the grant for your small businesses.
- 3) Please include a copy of your **Data Collection Form/Participating Employer Listing Form**.