



**In Christy's Shoes**  
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## Measurable Data Outcome Form

(Due 60 days following completion of the program)

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Start & End Date of Program: \_\_\_\_\_

Program Name: \_\_\_\_\_

Amount of ICS Funding granted: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Which of the 6 ICS support areas did the program fit? \_\_\_\_\_

Was the expected outcome of the program met?  Yes  No. If "No," please explain.

*(Please provide specific data and information that describes the measurable characteristics and outcome including changes, benefits and overall impact).*

What impact did the program have on the target population?

How many women did the program serve? \_\_\_\_\_

How many staff were needed to run the program? \_\_\_\_\_

**(CONTINUED ON REVERSE SIDE)**

List Activities/Curriculum used for program – (counseling, workshops, speakers, training, education, etc.)

Provide Final Program Calendar or Syllabus.

Provide final costs/expenses of program (Detail all expenses for program including personnel used for program)

Provide final costs per woman going through the program. \_\_\_\_\_

What changes (if any) should be made to the program for better results/outcome?