



FOUNDATION  
CENTER

Knowledge to build on.

## Before You Seek a Grant

# Participant Feedback

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**Please complete and return this form at the end of the session.**

**Date:** \_\_\_\_\_

1. The class addressed the stated objectives:  Yes  No  Somewhat

If no, please explain: \_\_\_\_\_

2. I learned something from this class that will help me in my work:  Yes  No

3. What were the MOST USEFUL parts of the class?

Tips/ideas I am taking away

Instructor's knowledge/skills

Handouts

Q&A

Other (describe) \_\_\_\_\_

4. I would recommend this class to others:  Yes  No

5. What Center services have you previously explored?

None

Library

Other free training classes

Full-day seminars and workshops

Meet the Grantmakers/Dialogue with Donors

Other events and programs

Center's web site

Associate Program membership

Other (describe) \_\_\_\_\_

6. Do you have any COMMENTS or SUGGESTIONS, such as ways to improve this class and/or other programs that you would like us to offer?

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