



PEER ADVISOR NETWORK CLIENT FINAL REPORT - FY 2010/2011

NOTE: The Client must submit this evaluation to the Regional PAN Office **within four weeks** of completion of the PAN assignment.

Please complete this form and provide an attachment to answer the required narrative questions on page two.

Applicant is: a non profit organization (501-c-3) a formed group (not a 501-c-3) an emerging group

Group or
Organization Name: _____

Mailing Address: _____

Contact Person: _____ Telephone: _____

Contact email: _____ Fax: _____

Web Address (if applicable): _____

Peer Advisor for this contract: _____

EVALUATION

Please check the boxes that most accurately reflect your experience of the completed PAN consulting assignment and the PAN program process. Use the Narrative section of the Evaluation to further clarify your assessment.

RATINGS: 1 = Excellent 2 = Good 3 = Fair 4 = Poor N/A = Not Applicable

Please evaluate the:	1	2	3	4	N/A
1. <i>Application process (discussions, advice, guidance, etc.)</i>					
2. <i>Application forms and instructions</i>					
3. <i>Identification of problem area(s) to be addresses during pre- application discussions with the PAN Regional Office</i>					
4. <i>Memorandum of Understanding form</i>					
5. <i>MOU/planning session with the Peer Advisor</i>					
6. <i>Advisor's preparation in support of consultancy</i>					
7. <i>Advisor's expertise in determined area(s) of need</i>					
8. <i>Advisor's ability to respond in a timely manner</i>					
9. <i>Advisor's response to consultancy changes & complications</i>					
10. <i>Client's response to consultancy changes & complications</i>					
11. <i>Quality & value of final recommendations</i>					
12. <i>Client's confidence to implement recommended measures upon completion of the PAN consultancy</i>					
13. <i>Client outcome(s) to date as a result of the PAN consultancy</i>					
14. <i>Accuracy & content of the Advisor's Final Report</i>					
15. <i>Final report forms</i>					
16. <i>Overall quality of consulting support provided</i>					
17. <i>Overall satisfaction with the PAN consultancy</i>					

NARRATIVE

Please answer the following questions using no more than two pages. Please retype the question number and the question for each answer and use a font size of at least 10 points.

1. Who represented the Client and participated in the consulting sessions? Please provide first and last names and indicate the individual's role within the organization (for example: Founder, Board member, staff title, etc.)
2. What were the most productive aspects of this PAN consultancy? Describe any outcomes of the consultancy that helped to build the capacity of your group or organization. If the group's or organization's capacity was augmented, outline what was learned (insights, perspectives, practices, information, resources, abilities, etc.).
3. As a result of this PAN consultancy, what will your organization or group attempt to do differently?
4. What, if anything, would your group or organization do differently if you applied for another PAN consultancy? Will your organization or group seek additional technical assistance, PAN or otherwise, as an outcome of this PAN consultancy? If so, please describe.

CERTIFICATION

The undersigned certifies that the information contained in this report and its attachments are true and correct to the best of his or her knowledge.

Contact Signature:		Title:	
Printed Name:		Date:	

SUBMISSION

Please submit this Final Report to your Regional PAN Office. Be sure that submitted signatures are original, not copies and address the mailing - ATT: Peer Advisor Network