



**Action Grant Self-Evaluation Form**  
**Wisconsin State Organization Action Grants**  
**(This form is to accompany the Action Grant Project**  
**Expense Voucher.)**  
**Revised 7.31.2019**

Chapter Name \_\_\_\_\_ Date \_\_\_\_\_

Action Grant Chapter Chair \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

1. Write a brief summary of what your chapter did to reach the goal(s) of your project.
  
  
  
  
  
  
  
  
  
  
2. What was the outcome of your project?
  
  
  
  
  
  
  
  
  
  
3. What, if anything, could you have done to make your project more successful? What, if anything, would you have done differently?
  
  
  
  
  
  
  
  
  
  
4. What advice would you have for chapters considering applying for an Action Grant in the future?