



# INTERVENTION EVALUATION FORM



Please submit completed evaluation form to – [sheila@5healthytowns.org](mailto:sheila@5healthytowns.org)  
cc – [matt@5healthytowns.org](mailto:matt@5healthytowns.org)

<b>NAME OF THE INTERVENTION</b>	Cooking Project-Learning By Doing
<b>Current Wellness Plan Year for which this intervention is included</b>	Plan Year 5
<b>5H element to Impact</b> (check all that apply) Move more	<input checked="" type="checkbox"/> Eat better <input type="checkbox"/> <input type="checkbox"/> Connect with others <input type="checkbox"/> Avoid unhealthy substances
<b>Intervention Contact (s)</b>	Karen Smith, Jo Mayer, Suzin Greenway
<b>Contact(s) phone and email</b>	Outreach49285@gmail.com, 517-851-7285; mayerj@panthern.net, 517-851-8222 ext. 2; suznort@juno.com
<b>Name of Fiscal Agent (include contact phone and email)</b>	<u>Stockbridge Community Outreach, Outreach49285@gmail.com, tax ID 38-2609279</u>
<b>Date Funding Received</b>	December 2016
<b>Intervention Start Date</b>	October 12th, 2016
<b>Intervention End Date</b>	November 30th, 2016
<b>Total Amount granted from SHF</b>	\$4,840
<b>* If the full amount of the grant was not necessary to provide the approved services, a check from the fiscal agent must be enclosed for any unused funds over \$100 – Please make check payable to 5 Healthy Towns Foundation **Include a Final Expense Report</b>	\$1,686.06

1. INTERVENTION INFORMATION	DESCRIPTIONS
<p><b><u>Please provide the following information for this intervention:</u></b></p> <ol style="list-style-type: none"> <li>Primary goal</li> <li>Brief description</li> <li>Target population</li> </ol>	<ol style="list-style-type: none"> <li>The goal of the program was to empower low-income families to learn to confidently prepare healthy, economical meals using unprocessed food over the 7 weeks of the program and to continue with these healthy habits after the conclusion of the program. Our long-term goal is to get community members to eat more fruits and vegetables and less processed foods.</li> </ol>



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	<p><b>2.</b> This intervention was aimed at adult head of households for low-income families. The program was a pilot initially designed for 10 chosen applicants. The applicants were chosen by Outreach and were also asked to fill out a qualifying application to ensure they would be able to participate in the program. The application included questions such as “do you have a stove”, “do you have access to a car”, etc. Applicants were required to come to the first session in order to participate. The program ended up having 8 families participate as two applicants did not show up to the first session. Applicants received new, quality kitchenware (soup pot, wok, knives, cutting board), and fresh or unprocessed ingredients to cook healthy family meals; one meal a week for 7 weeks. At the first meeting, the instructor demonstrated basic fundamentals of cooking (explained cooking terms, showed knife skills). The remaining weeks involved participants picking up the ingredients and recipe for that week’s meal on Wednesdays at Outreach between 1-6 p.m. The final week a pizza and salad dinner for all participating families (entire family invited) was held. Families were asked to provide feedback and complete a survey.</p> <p><b>3. Low-income families</b></p>
<p><b><u>If this was a continuing intervention:</u></b></p> <ul style="list-style-type: none"> <li><i>How many years has this intervention been funded by the coalition?</i></li> </ul>	<p><input type="checkbox"/> Plan 1 - Enter amount funded.      <input type="checkbox"/> Plan 2 - Enter amount funded</p> <p><input type="checkbox"/> Plan 3 - Enter amount funded      <input type="checkbox"/> Plan 4 - Enter amount funded</p>
<ul style="list-style-type: none"> <li><i>Has the intervention made any improvements from past year(s)?</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><i>* Please explain.</i></li> </ul> </li> <li><i>If the amount requested for this intervention has changed from the previous plan, *please explain why</i></li> </ul>	<p>N/A</p> <p>N/A</p>
<p><b>2. KEY EVALUATION DATA</b></p>	<p><b>DESCRIPTIONS</b></p>



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**Please record and include the key evaluation data collected for this intervention.**

**Units of engagement**

1. Number of participants (P)
2. Time each participant worked on or spent at event (T - in hours)
3. Number of classes/events held (N)

*\*P x T x N = units of engagement*

**Other measures may include but are not limited to:**

1. miles of trail maintained, number of people that use the trail per day/weekend (for infrastructure interventions)
2. number of books/maps distributed
3. Number of surveys collected

**Units**

1. 20 adults + 14 youth = 34
2. 3 hours per week
3. 7 weeks of the program
4. TOTAL=714 U of E

**Other measures**

Surveys: All 8 exit surveys collected. We are currently working on creating a 6 month follow-up survey. We will provide the Foundation with this data once available.

Meals Consumed: 5 family meals prepared and consumed over the 7 weeks of the program.

**Recipes (separate attachment):**

- Turkey Eggplant Casserole
- Pork Loin in Leeks, Roasted and Vegetables in Cheese Sauce (sauce recipe was requested by participants)
- Chicken Stir Fry
- Roasted Sausage and Peppers, Risotto, and Spinach Salad
- Potato with Bacon Soup

**\*Please include the key evaluation data collected for this intervention:**

- Survey templates & combined results
- Program evaluations and reports from coordinators, volunteers, instructors, teachers, facilitators, etc.
- Testimonials

**Separate attachments:**

Cooking Project Final Survey

6 month follow-up survey (results to come)



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		Cooking Project Application	
<b>3. GOALS &amp; ACCOMPLISHMENTS</b>		<b>DESCRIPTIONS</b>	
<p>For each goal provide the following information:</p> <ol style="list-style-type: none"> <li>1. <i>Did the intervention meet the specific goals listed on the intervention table?</i></li> <li>2. <i>State what you tried to accomplish</i></li> <li>3. <i>How did you measure progress toward the goal?</i></li> <li>4. <i>Was the goal attainable?</i></li> <li>5. <i>Describe how the goal was relevant to the coalition and community wellness related needs.</i></li> </ol>			
<ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. We were able to empower 8 families to create healthy meals at home over the 7 week program. Families who participated felt confident that they would be able to continue to prepare healthy meals at home</li> <li>3. All 8 families completed the 7 weeks. Measures included weekly check-ins and exit surveys</li> <li>4. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain</li> <li>5. Encourages more people in the community to eat better and have the skills to cook healthy meals at home</li> </ol>	<p style="text-align: center;"><u>GOAL 1</u></p>	<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. <a href="#">Click here to respond to question</a></li> <li>3. <a href="#">Click here to respond to question</a></li> <li>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain</li> <li>5. <a href="#">Click here to respond to question</a></li> </ol>	<p style="text-align: center;"><u>GOAL 3</u></p>
<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain</li> <li>5. <a href="#">Click here to respond to question</a></li> </ol>	<p style="text-align: center;"><u>GOAL 2</u></p>	<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain</li> <li>5. <a href="#">Click here to enter text.</a></li> </ol>	<p style="text-align: center;"><u>GOAL 4</u></p>
<p><b>Overall were there any major accomplishments?</b> *Note – accomplishment is the successful achievement of tasks and goals</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>8 families were able to complete the 7 week program and confidently make healthy meals at home. Confidence and self-esteem of participants were visibly increased. For some individuals this was the first time they had ever</p>



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	cooked a meal from scratch or cooked a fresh vegetable. It was very rewarding for the participants to be able to achieve something they had not done before and do it with confidence and enthusiasm.
<b>4. SETBACKS</b>	<b>DESCRIPTIONS</b>
<u>Were there any setbacks encountered during implementation of this intervention?</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ol style="list-style-type: none"> <li>Describe setbacks</li> <li>How were they addressed?</li> <li>How will you improve or avoid these issues in the future?</li> </ol>	<ol style="list-style-type: none"> <li>Started the program later than expected due to delayed secondary donations from Meijer’s</li> <li>We were able to push back the timeline to start the program a few weeks later</li> <li>Now knowing Meijer’s process we will now know to request secondary donations earlier if we hold future sessions of the program</li> </ol>
<b>5. COLLABORATIONS</b>	<b>DESCRIPTIONS</b>
<u>Did your intervention involve collaboration with any other organizations?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stockbridge Community Outreach and Outreach Board of Directors and Meijer’s in Mason MI, First Presbyterian Church in Stockbridge
<ol style="list-style-type: none"> <li>Please comment on the value of the collaboration.</li> <li>Will the collaboration continue if the intervention continues?</li> <li>Are there additional collaborators you could work with in the future?</li> </ol>	<ol style="list-style-type: none"> <li>Outreach identified participants, distributed food bags weekly, provided support for the program, and created and distributed exit surveys at the wrap-up session. Meijer’s of Mason provided us with food bank donations that provided us with groceries and supplies for the program. The Presbyterian Church provided the space for the first and last class.</li> <li><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Click here to comment</li> <li><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No We would like to incorporate the Open Air Market of Stockbridge in future years. Due to the delayed start date we were not able to include them in this first session.</li> </ol>



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6. SUSTAINABILITY	DESCRIPTIONS
<p>Does your intervention have a sustainability plan? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>What steps are being taken to ensure sustainability of the intervention beyond 5HF funding?</p>	<p>At this time 5HF is our primary source of funding for the program. We were able to secure some additional funding from Meijer’s in Mason for the pilot session of the program, something we hope to continue if future sessions of the program are held. We will continue to pursue other funding opportunities.</p>
7. FISCAL AGENT	DESCRIPTIONS
<p>Provide the following: Feedback from the fiscal agent organization. (If different from your organization)</p>	<p>N/A</p>
8. MEDIA AND MARKETING	DESCRIPTIONS
<p>Provide media documentation:</p> <ul style="list-style-type: none"> <li>Acknowledgement of your grant from 5HF in any of your organizations publications such as printed programs, news releases, banners, flyers, annual reports, t-shirts, hats, signs, banners, social media, etc.</li> <li>Links to news articles or websites that covered the intervention</li> </ul>	<p>Separate document included: Applicant Acceptance Letter</p> <p><input type="checkbox"/>Photos have been sent to the Foundation*</p> <p>*Due to the target population being addressed no photos were taken during the program</p>
<p><b>* PLEASE INCLUDE A FINAL EXPENSE REPORT (NOT BUDGET) THAT ITEMIZES HOW THE GRANT FUNDS WERE USED.</b></p>	

GET FROM KAREN

INCOME	
5HF	\$4,840
Meijers Donation	\$1,500

**Commented [AT1]:** Please provide a itemized budget for the intervention that shows all sources of income, expenses (indicate expenses covered by the Foundation grant), and in-kind (this would include donated space, volunteer times, items, etc)



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Other	\$ 50
<b>TOTAL</b>	<b>\$6,390</b>

EXPENSES	
Space Rental at First Presbyterian Church	\$250*
Program Supplies (cookware, food packaging, food) 5HF	\$1,386.60*
Program Supplies (cookware, food packaging, food) Meijers Donation	\$1,500
Facilitator Fee	\$582.75*
Pizza for final class	\$171.15*
Giveaways for final class	\$50
Reimbursement to Facilitator	\$363.44*
Payroll expense	\$400
<b>TOTAL</b>	<b>\$4,549.94</b>

\* SHF funds