

**ORDER OF MALTA – AMERICAN ASSOCIATION**

**AREA DONATION FOLLOW-UP INFORMATION FORM**

***(ONLY FOR DONATIONS \$5,000 OR GREATER)***

**(Please Print or Type)**

\*\*\*\*\*  
GUIDELINES\*\*\*

1. For each grant awarded, the Area Chair or designee is to schedule a follow-up visit to ensure the correct usage of monies issued. **Report is due by December 31** to the New York Office, whether you meet or not. If you cannot meet, you should conduct a phone interview.
2. Review the grant application to ensure you are familiar with the request for which the grant was approved before conducting interview.
3. The Area Chair can designate someone else to visit the organization and complete the form.

**ORGANIZATION NAME:**

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Amount of Donation Approved:** \_\_\_\_\_

**Purpose of Donation:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Date of Follow-up Visit to Organization** \_\_\_\_\_

1. **Did the organization spend the money which they received for the donation?**

Yes                       No

a) **If no, when do they expect to spend the money?**

- b) If yes, when did they spend the money?
2. Was the purpose for which the money was spent realized? (For example, if the money was spent to buy a van to pick up elderly people for medical appointments, are elderly people being picked up by the van for their medical appointments?)
  3. Were you able to personally observe the result of the donation's expenditure? (e.g., did you see the van?)
  4. Did you observe any issues or concerns about the organization?
  5. Does the organization appear to be well-managed?
  6. If the organization comes forward with a donation request in the future, do you believe the American Association should consider future contributions to this organization?

Any other comments and/or observations:

Name of Interviewer \_\_\_\_\_  
PLEASE PRINT

Title \_\_\_\_\_

**Area Chairs and Treasurers: Please return this form when you turn in your 4<sup>th</sup> Quarter Financial Reports to Kathleen Lyons, Controller.**