

FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS

2017-2018 BACK TO SCHOOL GRANTS

Grant Title: _____

Grant Recipient(s): _____ School: _____

I. PROJECT COMPLETION REPORT: Please answer the following questions (feel free to attach your answers). If you did any surveys or testing as a part of your evaluation, please attach the results.

- A. What were the original objectives and purpose of this grant?

- B. Did the grant achieve its goal and purpose? Please explain.

- C. How did this grant benefit your students?

- D. What is your overall evaluation of the success or failure of this grant?

- E. Please attach at **least** three statements written by students that express the impact of the project upon them and what they will remember about the project. Also feel free to include any photographs of your project.

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II. FINAL EXPENDITURE REPORT

The amount of my grant was \$ _____

My receipts and documented expenditures contained
in the official file amount to \$ _____

Amount remaining \$ _____

(If you have more than \$25.00 remaining, your school will need to return the remaining money back to the Foundation for Springfield Public Schools by check. **These funds will be due by the last day of school.** If you have questions please contact the Foundation at 523-0144)

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Grant Recipient

Principal/Department Head

Date

Please return this form, student statements, and any photographs to the Foundation, via school mail, US Mail or hand delivery, so they will arrive no later than May 15, 2018. Thank you for your help.