

Grant Expense Accounting

For Blackhawk Foundation Grant Program

*End of
Project
Report*

Contact Teacher _____

Grade _____ Building _____

Program Title _____

Date(s) of Program _____

Amount of Grant _____

DATE OF PURCHASE	ITEM PURCHASED	AMOUNT

Total Expenditures: _____

Grant Total: _____

Funds remaining: _____

Signature Date

For office use only:

Date received: _____

Check # _____

All receipts and a check for unused funds must accompany this form.

Project Evaluation Form

For Blackhawk Foundation Grant Program

(Please feel free to attach separate sheet(s) for your written responses)

Teacher _____

Program Title _____

Date(s) of Program _____

Program's Stated Mission _____

On a scale of 1-10 (extremely successful), how would you rate the success of this program in terms of student ability to learn or better understand the subject matter?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Why? _____

Beyond the ability to purchase materials/services, how did this additional funding make it possible for you to enhance the student's learning experience?

What comments and/or opinions were expressed by your participating students? Were there any interesting anecdotes that might help capture the essence of this program? _____

If your program is one that can be repeated again, what would you do differently to improve and/or enhance its value or success?

Do you have any additional thoughts on the effect of the Blackhawk Foundation's support of your teaching efforts? Any comments or constructive criticisms on the process?

On a scale of 1-10, how likely would you recommend the Blackhawk Foundation's program as a resource for Blackhawk teachers?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
