



Grant Evaluation Form

Mail this completed form to the BEF at PO Box 92, Bethel, CT 06801

Date: _____

Applicant Name(s): _____

School's Name(s): _____

Project Title: _____

directly involved in project: Students _____ Teachers _____ Grade levels _____

indirectly impacted: Students _____ Teachers _____

Budget: Amount approved: \$ _____ Amount expended: \$ _____

If the amount approved differs from the amount expended, please explain:

Project Summary: (attach extra paper, if necessary)

1. What did your students do as part of this project?

2. What were the most important things your students learned as a result of this project?

3. If applicable, how did your school administration and/or colleagues support you as you implemented your project?

4. Please list your project goals. Check (✓) those that you accomplished. If any goals were not accomplished, please explain why.

5. In addition to the funds granted by the BEF, was any other project support provided?

6. If your grant was part of a pilot program, how will this program be funded in the future?

Please provide any additional documentation that may support your project outcome as described in your application.