

Tri-City Education Foundation

P.O. Box 290, Buffalo, IL 62515 * 217.364-4150

TRI-CITY SCHOOLS EDUCATION FOUNDATION GRANT EVALUATION

Grant Title _____ Grant # _____

School _____ School Phone _____

School Address _____

Grant recipients' name(s) _____

First

Last

First

Last

First

Last

Phone/Day _____ Evening _____ Email _____

Amount of funding awarded: _____

Amount of funding spent: _____

(All funds not used will return to the Foundation)

INSTRUCTIONS

Submit your completed Grant Evaluation Form when finished or no later than June 11, 2010. Please include photos and/or other materials that resulted from the grant, and promotional materials acknowledging Foundation support of the project.

**Send form and
materials to:**

**Tri-City Schools Education Foundation
Mike Holinga
9786 WICS Road
Dawson, IL 62520**

1. Project Description

2. Number of students involved in or impacted by project: _____
Grade level(s) _____

3. Project goal(s):

4. Did you achieve your goal(s) Yes _____ No _____

5. If yes, how?

6. If no, why not?

7. Identify any additional positive outcomes.

8. Identify any unexpected obstacles encountered and how you overcame them.

