**Bowman Education Foundation**

Grant Post Project Evaluation Form

So that your ideas may be shared with the community and school staff, and to ensure your eligibility for future grants, please complete this Grant Post Project Evaluation Form. Please return the form to the BEF mailbox in the district office.

Project title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students impacted: \_\_\_\_\_\_\_\_\_\_\_\_

Grade level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPEF Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Description of project:
2. What were the goals of the project:
3. Describe the results of the project:

*(What evidence indicates that students benefitted from this project?)*

1. Knowing what you know now, what changes might you make in this project:
2. How have you or will you share this project with others:
3. How might the BEF be able to further assist you in the future:
4. Additional comments:
5. Please provide pictures to the BEF showing your project. Label pictures.