

Martinsville City Public Schools Endowment Fund

Creative Instructional Grant Evaluation Form

This form must be completed and returned to the assistant superintendent, along with receipts or vouchers for Expenses, to the Grant Committee of the Endowment Fund within sixty (60) days of completion of the project (unless justification is given for additional time).

Grant No. _____

Project Title _____

Names of applicant(s) _____

School(s) _____

Grades(s) _____ Subject(s) _____

Implementation and Completion Dates _____

Give a brief narrative description of the actual implementation of the project. Relate outcomes to expectations, including methods employed, goals, objectives and any specific criteria met. Include any photos or products from the project. Use one extra sheet for narrative, if necessary.

BUDGET AMOUNTS

(Be specific. Use additional sheet, if necessary)

Description	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Less Amounts from other sources	\$ _____
Total Actual Expenses	\$ _____

Signed _____ Date _____

Additional Signatures _____

(By signing this evaluation I (we) give the Martinsville City Public Schools Endowment Fund Permission to use this information for public review)