

Survey of Grant Project

Return Survey of Grant Project within one year of approval date.

1. Name of Applicant: _____

2. Grant title: _____

3. Approval Date: _____

4. Grant Award: \$_____

5. Was the project completed?

If not, please explain why the project has not been completed. When will the project be completed?

6. Were all grant funds expended?

7. Were all bills/invoices submitted to District Treasurer?

If not, why not?

8. How many students were affected by the project ?

9. Please explain how the students were affected by the project.

10. Were there any students affected outside of your classroom. If so, how many and how?

11. Would classes in subsequent years be affected? If so, how?

12. Is the project still a part of the curriculum? If not, why not?

13. Are there plans to continue the project? Will the same staff members be involved?

14. How will the project continue to be funded?

Suggested funding: Outside sources, District

15. How was the support of the Foundation recognized relative to this project?

16. Additional Comments:

****Please send or e-mail the Foundation any pictures relative to your project. ****

Please return survey within one year of approval date to:

**The Mohonasen Foundation for Excellence
P.O. Box 4207
Schenectady, NY 12304**

