



Empowered to Excel Grant Program 2019-2020

Grant Evaluation Form

Page 1 of 2

Please complete, save file, and return by email or campus mail to the Foundation **by Wednesday, May 15, 2020.**

SECTION 1: BASIC GRANT INFORMATION

Name of Applicant(s): _____

Primary Contact: _____

Email: _____ Phone: _____

School(s) or Department(s): _____

Grades(s): _____ Subject(s): _____

Number of students served by grant program: _____

Grant Title: _____

The proposed grant supported which District goals? *(Check all that apply)*

- ☐ Student Achievement
- ☐ Effective and Efficient Operations for all Components
- ☐ Quality Teaching, Administrative & Support Staff
- ☐ Safe, Healthy & Nurturing Schools: Focus on the Whole Child
- ☐ Enduring Relationships with Stakeholders

SECTION 2: GRANT EVALUATION INFORMATION

Please indicate the degree to which each of the following indicators was addressed:

1. Measureable data on the impact of the grant was collected as described in the grant application. ☐ Completely ☐ Somewhat ☐ Not At All
2. Activities identified in the grant were carried out. ☐ Completely ☐ Somewhat ☐ Not At All
3. Grant funds were used as described in the grant. ☐ Completely ☐ Somewhat ☐ Not At All
4. The outcomes in the grant application were met. ☐ Completely ☐ Somewhat ☐ Not At All

If you answered "Somewhat" or "Not At All" to any of the above please explain.

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