Code\_\_\_\_\_\_\_\_\_



\_\_Mid-year (Items I-III) First Monday in December

\_\_Final (Items I-V) First Monday in May

**Grant Summary Evaluation *(District/Campus/Department/Teacher)***

\_\_Technology Grants

\_\_Instructional Initiatives

**Directions:** Please submit the grant summary evaluation and all receipts to the *Krum ISD Foundation* at the Administration Building on or before the **1st Monday in December**. *Please type.* Documents are available online at www.krumisdeducationfoundation.org. *If you have video or photo materials, please submit them to the Foundation Executive Director/District Liaison.*

**Grant Recipient (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Give a brief description of the grant. Please attach a copy of receipts of funds.
2. Indicate the number of students who have benefited from the grant and the anticipated future impact on student learning.
3. Explain how the objectives of the grant are meeting or have met the instructional goals of the District’s Improvement Plan.
4. Explain the evaluation method used to measure the effectiveness of the grant. Attach the results/supporting data.
5. If applicable, explain what you would change about the implementation and/or evaluation of the grant?

\_\_Mid-year First Monday in December

\_\_Final First Monday in May

**\* EXPENDITURE REPORT SHEET**

***FOR DISTRICT/CAMPUS/DEPARTMENT/TEACHER***

|  |  |  |
| --- | --- | --- |
| **SOURCE** | **ITEM** | **AMOUNT** |
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|  | **Total** |  |

\*Attach photocopies of receipts and/or requisitions.

Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Grant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Recipient

Signature of Recipient Date

Send to:

Krum ISD Foundation ~ 1200 Bobcat Blvd. ~ Krum, Texas 76249