



community foundation[™]
Muskegon County

MINI GRANT EVALUATION

Please have this report signed and dated and returned to our office by **June 15, 2009** to ensure acceptance of future Foundation grant requests. **Failure to complete this evaluation will result in denial of funding for future grant requests.**

1. Please describe how this Teacher Mini Grant was used in your classroom, including the original goals of the program.
2. Outline how the program did or did not reach its original goals. Please explain including statistics and measurable outcomes, whenever possible.
3. Share with us a story of how a student was impacted by this Teacher Mini Grant.
4. Could you give us a quote we could use?
5. Please submit two photos which would be suitable for use in the Foundation's newsletters or Annual Reports. Digital photos can be submitted electronically to gvanbruggen@cffmc.org.
6. Attach any printed material relating to your program: press or news items, brochures, letters of support, photographs, etc.
7. Please include a complete accounting of how your Community Foundation for Muskegon County grant was spent. Show original budget, as submitted with the grant application, and actual income and expense compared to the original budget. If the grant was for a capital purchase, please include a copy of the paid invoice(s).



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**Youth Advisory Council – Teacher Mini Grant
Evaluation Cover Sheet Form**

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Teacher: _____

Project Title: _____

Amount of Grant: _____

The Evaluation Report submitted accurately represents the program which was supported by the Community Foundation for Muskegon County and meets the requirements as enumerated in our Grant Agreement.

Signed: _____

Teacher