ACCOUNTABILITY FORM FOR DENISON EDUCATION FOUNDATION GRANT RECIPIENTS

(Please complete & send to DEF office or email to: Icrawley@de	enisonisd.net.)	Date Due: 1 Year after Funding **
Name of Recipient(s)		
2. Title of Grant:		
3. Campus:	4. Amo	unt of Grant
5. Principal:		
6. Date of Funding:		

7. Keep a record of the items ordered from your grant funds below: (additional recordkeeping pages may be attached, if desired)

			Date of	Date
Items Ordered	Vendor	Cost	Purchase	Received

EVALUATION OF GRANT PROJECT

This feedback is important to the donors who contributed to the Foundation. It must be submitted to the Denison Education Foundation within one (1) year after grant funding. Failure to submit a completed form may affect your eligibility for future D.E.F. grants.

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1. What did you hope to accomplish with this proje	ect?
2. By what means did you evaluate the results of you accomplished? (TAKS scores, pre-post tests, st	udent questionnaire, etc.) SUMMARIZE
the results from your evaluation. (What were the	quantifiable results?)
Based on the results you received, make a state your project.	ment regarding the degree of success of
4. Any other comments:	
Signature(s) of Grant Recipient(s)	
	Date: