Bartlesville Public Schools Foundation
GRANT REPORTING FORM
Classroom Grants

Name(s), school(s) and department(s) of grant recipient(s): _____

_____

Grade/department(s) that received the grant: _____

Name of project, program, or equipment funded: _____

Date received and date implemented:_____

Amount of grant: $_____

Amount spent: $_____

How did the funds enhance, enrich, or expand your curriculum / describe the outcomes achieved:
_____

_____

_____

Number of students impacted by the grant: _____

How will you carry on this program for future students:_____

_____

How was your experience working with the Bartlesville Public School Foundation on this grant (what went well, areas for improvement, etc…):_____

_____

Any other comments you'd like to make: _____

_____

_____

Did you use only District-approved vendors: YES NO

Grant recipient's contact information (email and phone): _____

_____ _____
Lead Grant Recipient's Signature Date

_____ _____
Site Financial Secretary's Signature Date