

Bartlesville Public Schools Foundation
GRANT REPORTING FORM
NOK-ACS Science 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