



**Bartlesville Public Schools Foundation
GRANT REPORTING FORM
Classroom Grants**

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

Name of project, program, or equipment funded: _____

Date received: _____ Date implemented: _____

Amount of grant: \$ _____ Amount spent: \$ _____

How did the funds enhance, enrich, or expand your curriculum? Describe outcomes achieved: _____

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

| Check appropriate box for each outcome | strongly agree | agree | disagree | strongly disagree | N/A |
|--|----------------|-------|----------|-------------------|-----|
| This grant made you feel supported in your efforts to educate your students. | | | | | |
| This grant increased your ability to provide quality education to your students. | | | | | |
| This grant better prepared you to manage your classroom and/or students. | | | | | |
| This grant increased student engagement in the classroom. | | | | | |

Number of **teachers** impacted by this grant: _____

Number of **students** impacted by the grant: _____

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

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

Any other comments or metrics to report: _____

Can we quote your comments in our Foundation materials? YES NO

Did you use only District-approved vendors? YES NO

Lead Grant Recipient's Signature

Date