



**Bartlesville Public Schools Foundation
GRANT REPORTING FORM
NOKACS Science 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: \$ _____

Did the funds enhance, enrich, or expand your curriculum? How? 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