



## EXTRAORDINARY/JOSEPH KLIMINSKI GRANT EVALUATION FORM

The Bloomfield Educational Foundation hopes your program proved to be rewarding and successful! As a follow-up to the grant you received, we are asking you to complete and return this form no later than 30 days upon the completion of your program to: **The BEF c/o Ann Dassing:** [info@bloomfieldeducationalfoundation.org](mailto:info@bloomfieldeducationalfoundation.org) or mail to: BOF, P.O. Box 327, Bloomfield, NJ 07003.

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Today's Date: \_\_\_\_\_ Check one: ☐ Joseph Kliminski Teacher Grant ☐ Extraordinary Grant

Name: \_\_\_\_\_ Your school e-mail: \_\_\_\_\_

Title of your project: \_\_\_\_\_

School Name: \_\_\_\_\_

Dates Program/Grant covered: \_\_\_\_\_

Restate original means of evaluation of program. Attach separately, must be typed.

- Outline or list outcomes of your program i.e. number of participants, pre-post test scores, evaluations by participants and attach separately
- Detail actual budget expenditures and attach separately with receipts where applicable.
- Add additional personal comments, suggestions, and observations.

Principal's Signature \_\_\_\_\_ Your Signature \_\_\_\_\_

Additional Signature(s) \_\_\_\_\_

FOR BEF OFFICE USE ONLY - Date Received: \_\_\_\_\_ Amount Approved: \_\_\_\_\_