

**SUFFIELD FOUNDATION FOR EXCELLENT SCHOOLS
GRANTS PROGRAM
Post Evaluation Form**

Please complete this form and return to:
SFES – Grants Program
PO Box
Suffield, CT 06078

GENERAL INFORMATION

Project Leader/Grant Recipient _____ Email: _____

Title of Project _____

Grade Level _____ School(s) _____ Number of Students _____ Number of Staff _____

\$ Granted _____ Actual \$ Spent _____

PROJECT SUMMARY- Please use a separate paper if more space is needed.

1. Please describe current utilization of grant materials:

2. Please describe future plans for utilization of grant materials)

3. Are there opportunities to expand utilization beyond current scope?

4. Please note any opportunities or events schedule where we could promote public awareness of the grant :

5. **For physical materials awarded** -Please indicate the following

Responsible party (safekeeping and maintenance): _____

Location of Materials: _____

Please use this space to provide any additional feedback on the grant (e.g. outcome versus expectations)

Signature _____ Date _____