***Adrian Schools Educational Foundation***

**785 Riverside Ave., Suite 2, Adrian MI 49221 • 263-2911**

**Mini-Grant Evaluation Form**

**Due no later than May 11, 2018 or upon completion of your project**

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Name       Date       Bldg/Dept

Total Awarded: $      Total $ Spent: $       Total Returned: $

1. Briefly describe your mini-grant project.

1. What objective(s) did you meet with this project?

1. How was this project of value to Adrian Public School's students or staff?

1. Would you recommend this project to other staff? [ ]  Yes [ ]  No

What improvements would you suggest to others who want to replicate your idea?

1. How did you promote this project to other staff, parents and the community?

1. Estimate the number of people who were involved in your project:
	1. Students: Male       Grade Level

 Female       Grade Level

* 1. Parents:
	2. Community Members:

***Thanks for accepting the challenge of excellence!***