



POST TEACHER MINI GRANT EVALUATION FORM

School Name: _____

School Address: _____

Phone #: _____

Principal Name: _____

Teacher Name: _____

Grade Level: _____

Teacher E-mail: _____

Website: _____

Amount Granted \$: _____

Was request fully or partially granted? _____

Project Description:

Mini Grant Results:

A) How many students impacted: _____

B) Was the indicated goal on your application met?

C) What amount of the grant was used? _____

D) Please list and total all the associated expenses for which you submitted:

E) Please include any other comments you would like to include about project:

Name: _____

Signature: _____

Please Note:

Should OMCAR's Community Awareness Committee select you as a Mini Grant recipient, a completed Post Grant evaluation form must be submitted within 30 days of your completed project. Failure to do so could result in non-consideration of future requests.

Please email this evaluation form to Darlene@omcar.com

You may also mail this form to:

OMCAR
Attn: Darlene Yonce
3105 NE 14 Street
Ocala, Florida 34470