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|  | **Grant Evaluation Report** | | |
| Primary Applicant Name | Grade/Subject/Department | School | Email Address |
|  |  |  |  |

**Title of Project: Date:**

**Amount Funded: Number of students served: \_**

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| --- |
| **Submit a final report describing the outcome of your project and its benefits.** |
|  |
| **Submit at least two photographs of your project electronically, for use in promoting CEF grants. Send them to** [**jacers@isd94.org**](mailto:jkermeen@isd94.org) |
| Date photographs were submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Publicly recognize the Cloquet Educational Foundation as a financial supporter of this project.** |
| Date and location of public recognition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **It is required that the granted monies be used for the expressed purpose written in the proposal. Failure to abide by this requirement will make you ineligible for future grant funding.** |
| \_\_\_\_ Grant funds were used for the express purpose as written in the CEF funding request.  If not, please explain. |

**This Evaluation Report is due one month (or less) after the completion of the project.**

**Cloquet Educational Foundation, 302 14th Street, Cloquet, MN 55720**

**Phone: 218 879-3806 Fax: 218 879-6724**