

VALLEY VIEW EDUCATIONAL ENRICHMENT FOUNDATION
Grant Renewal Evaluation Form

Grant Applicants applying for renewal of a grant must complete this evaluation form and submit it with their application for renewal.

Title of Grant: _____

Grant Recipient(s): _____

School: _____

School Address: _____

Phone: _____

Amount Approved: \$_____

Actual Number of Students Involved: _____

Grant Summary: (Please provide a brief description of your grant program)

Expected Outcomes: (Please list the specific results expected from your grant program)

Grant Evaluation: (Using the evaluation strategy identified in your original grant proposal, please evaluate your results achieved during your grant program).

Please return by February 1st to:
SYKORADL@vvsd.org or mail a hard copy to
Valley View Educational Enrichment Foundation
Attention Grants Chair, P.O. Box 1608, Bolingbrook, IL 60440

If writing a grant for a renewal program, please send this evaluation form along with your new grant request.