

The Bloomfield Educational Foundation hopes your program proved to be rewarding and successful! As a follow-up to the grant you received, we are asking you to complete and return this form no later than 30 days upon the completion of your program to: **The BEF Executive Director, PO Box 327, Bloomfield, NJ 07003**. Upon receipt of this form and the required receipts, BEF will issue a grant payment in the amount specified in the award correspondence.

Today's Date: _____ Check one: Mini-Grant Extraordinary Grant

Name: _____ Your e-mail: _____

Title of your project: _____

School Name: _____

Dates Program/Grant covered: _____

Restate original means of evaluation of program. Attach separately, must be typed.

- Outline or list outcomes of your program i.e. number of participants, pre-post test scores, evaluations by participants and attach separately
- Detail actual budget expenditures and attach separately with receipts where applicable.
- Add additional personal comments, suggestions, and observations.

Principal's Signature _____ Your Signature _____

Additional Signature(s) _____

FOR BEF OFFICE USE ONLY - Date Received: _____ Amount Issued: _____ Check No.: _____