

Providing Monetary Aid, Teaching Tools and Enriching Resources for our Schools

## **Evaluation Form for Projects Funded by Ossining MATTERS 2024-2025 School Year**

Please fill out this form upon the completion of your project. If the project is collaborative, only one form needs to be completed for the project. Please email the completed form to Rebecca Raymond at <a href="mailto:grants@ossiningmatters.org">grants@ossiningmatters.org</a> and send a copy to your building principal.

**Your Name:** 

Title of Project:
Date Form Submitted:
1. Please provide a brief summary of the project you implemented. Include what happened when it happened (over what period of time, how many sessions, etc.), which students participated, how many students, etc. If materials or equipment were purchased, describe what was purchased and how it was used.
2. In what ways, if any, did your project differ from what was originally proposed to Ossining MATTERS?
3. How did you evaluate the success of your project? Were your goals for this program realized?
4. If you had the opportunity to repeat this project, how might you change it?
5. Are you interested in continuing/repeating your project? Please explain.
Yes ( ) No ( )
6. If yes, how will the continued/repeated project be funded? (Have you asked for this project to be included in next year's school budget? Which other potential funders will you consider?)



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	expenses for this project pplication, please list the		than the projected	budget, as
Please check her	e to indicate that a copy of the	his evaluation has b	een sent to your buildir	ng principal.
	Thank you for co	ompleting this fo	rm.	