



Ashland County Community Foundation

...for generations to come

TEACHER MINI-GRANTS to include ARTSDREAM Fund distribution

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www.accommunityfoundation.org

TEACHER MINI-GRANT FOLLOW-UP REPORT/EVALUATION

Recipient Teacher: _____

School/District: _____

Amount of Mini-Grant: _____ Date of Mini-Grant: _____

Purpose of Mini-Grant: _____

Date Follow-up Report Due: _____

The Ashland County Community Foundation is genuinely interested in the success of the mini-grants it funds. Follow-up reports serve to inform the Foundation of the status of these projects and the disposition of monies granted. Follow-up reports are required as a condition of each grant.

Responses must be typed. A writable pdf is available at www.accommunityfoundation.org.

RESULTS

1. What was accomplished for each of the goals outlined in the original proposal?
(Refer to the Goals and Evaluation section of your original application. Complete and attach.)

2. What do you feel are the lasting benefits of the project?

3. Describe any unanticipated outcomes, benefits, or challenges encountered with this project.

4. To personalize our grant making through real-life examples, provide a specific example of an incident in your project/program that you consider to be meaningful.

5. Provide photographs, press releases, media stories or other published materials regarding the funded activity. (ACCF reserves the right to publish photos unless otherwise specified by the grantee.)

FUTURE PLANS

1. What is your plan for this project in the future? Briefly describe rationale for continuance, expansion, replication, or termination.

LESSONS LEARNED

1. If you were to do this project again, what would you do differently?
2. How will you use what you have learned to inform future work?
3. What recommendations can you make to funders or others working in this field?

FINANCIALS

1. Provide a complete accounting of how the specific grant dollars from ACCF were spent.
2. What were the actual revenues and expenses of your program/project budget?
(Refer to Funding Plans section of your original application. Complete and attach.)

Signature _____ Date _____

Printed Name _____

Address _____

Phone _____ Fax _____ Email _____

The completion of this follow-up report is required for future eligibility of ACCF grants.