

**Harrison Public School Foundation
Grant Review by Teacher***

Project _____

Teacher _____

School _____

Beginning and Ending Date of Project _____

Number of Students reached _____

Summary of Project _____

Strengths of project _____

Areas of possible improvement of the project _____

Money budgeted _____

Actual money spent _____

**Would you recommend the replication of this project to other school buildings
within the district?** _____

Signature of person completing form

Date

**Report and reimbursement of unused grant money due at the end of the semester.*

**Attach additional pages as needed.*