



**Marble Falls Education Foundation  
Grants for Great Ideas  
2018-2019**

**Grant Evaluation**

*(To be completed by Grant Recipient) Due at the  
completion of the grant project or by May 1, 2020*

**Grant Title:** \_\_\_\_\_

**Grant #:** \_\_\_\_\_

**Grant Coordinator:** \_\_\_\_\_

**School(s) participating:** \_\_\_\_\_

**Number of teachers participating:** \_\_\_\_\_

**Number of students participating:** \_\_\_\_\_

**Will activities of this grant be continued in succeeding years? How?**

**What was the project's intended outcome?**

**Describe the grant evaluation procedures used to measure the success of the project.**

**Describe the evaluation findings based on the procedures identified above. (Please attach any reports or data you have compiled that would elaborate on your results.)**

**How would you categorize this project?**

\_\_\_\_\_ very successful

\_\_\_\_\_ moderately successful

\_\_\_\_\_ somewhat successful

\_\_\_\_\_ not successful

**Identify the greatest benefit to staff participants.**

**Identify the greatest benefit to student participants.**

**Other comments:**

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**Grant Coordinator's Signature**

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**Date**