

*The Fargo Public Schools Development Foundation mission is to partner with the Fargo Public Schools, their alumni, and the greater community to enhance and enrich learning experiences to maximize student potential.*

**Congratulations on being awarded a grant from the Fargo Public Schools Foundation.   
To finalize our records, please complete and return this assessment report.**

***(Report is due the following January, or when grant is completed.)***

**Date:** School Name:Click here to select your school

**Project Title:**

**Choose One:** Teacher Mini-Grant *(Classroom projects up to $500)*

School Wide Mini-Grant *(School or District Wide projects up to $2,500)*

**Main Contact Person: Phone:**

**Email**

**Grant Proposal Details:**

*(****Blue*** *boxes will expand as you type.)*

|  |
| --- |
| **Please share your grant outcomes and how they were evaluated. Were there any barriers and/or challenges?** |
|  |
| **How many students were impacted by your grant and how did it inspire students to achieve greater success.?** |
|  |
| **What was the most successful part of project?** |
|  |
| **Did your project collaborate with other groups or receive collaborative funding from with other individuals, schools, or groups? If yes with who and how?** |
|  |
| **Please share any antidotes, pictures, Quotes, comments.** |
|  |

**Expenses**

* All funds for your grant were transferred into a Foundation account assigned by District Accounting.
* An email with your expense account number was emailed to you when the grant was awarded. This number is also on your signed grant agreement. This number should have been used for ordering materials.
* Equipment purchased with Foundation grant monies is owned by the District and stays at the school where the grant originated. The grant writer has priority use of equipment.

**Please summarize how funds were utilized:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Description *(books, equipment, supplies etc.)* | **Quantity** | **Cost/Item** | **Shipping** | **Total Cost/Item** |
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| **Total Cost of Supplies for the Project:** | | | |  |

**Non-District Personnel Budget *(Speakers, authors, artists, etc.)-*** The Foundation cannot fund district employee salaries or gift cards for reimbursement. Please contact the HR Department for salary guidelines for positions such as tutors, guest speakers, and other non-district staff.

|  |  |  |  |
| --- | --- | --- | --- |
| **Who/What Position** | **Fee or # of Hours** | **Hourly Rate or Fee** | **Total Cost** |
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| **Total Cost of Personnel for the Project:** | | |  |

Submitted by:

*(required field)*

For questions or more information, contact the Foundation office at 446.1041 or email [fpsfound@fargo.k12.nd.us](mailto:fpsfound@fargo.k12.nd.us).

**Please email the completed grant assessment form to**[**fpsfound@fargo.k12.nd.us**](mailto:fpsfound@fargo.k12.nd.us)**, type Grant Report in the subject line.**