MINI-GRA N T EVALUATION FOR THE IMPROVEMENT OF INSTRUCTION IN THE ARTS

FINAL EVALUATION REPORT FORM

Chipola Regional Arts Association
3094 Indian Circle
Marianna, FL 32446

1. Name of Recipient____________________________________ Date________

2. School_________________________________________________________

   Address__________________________ City__________ St.______ Zip________
   Phone________________ Fax ______________ Email____________________
   Principal's Name______________________________

3. Discipline: Art_________Music_________Theatre____________

4. Funds Received $__________

5. How were the funds utilized?

6. Describe your objectives and procedures (or process) you used to accomplish your project.
   (Attach additional page(s) if necessary.)

7. Describe the instructional benefits from your mini-grant project. (Attach additional page(s) if necessary.)

8. Please provide a quote about CRAA or the mini-grant program that we may use in our promotional materials.

9. Additional comments/suggestions. (Attach additional page(s) if necessary.)

   Teacher Applicant’s Signature ______________________  Date __________