

**PROJECT SHORT TITLE:** \_\_\_\_\_

**APPLICANT ORGANIZATION:** \_\_\_\_\_

**APPLICANT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PERSON COMPLETING REPORT:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

**PROJECT NARRATIVE:** *Please address all questions in the space allotted.*

1. **How successful was the project in achieving your stated objective and how did you gauge that success? (What worked?)**

2. **How many people did the project reach?** \_\_\_\_\_

3. **Did you conduct any type of evaluation and if so, what was the feedback? (please provide copies of evaluation summaries)**

4. **List Project Partners and what their roles are in supporting the Project.**

5. **What would you have done differently? (What didn't work?)**

6. Please provide digital pictures of the project.
7. Please provide copies of any products of the project that may be shared with other educational initiatives.
8. Please provide a completed accounting of funds provided for the project along with copies of bills.

**PROJECT ACCOUNTING**

| <b>CATEGORY</b>              | <b>*GRANT FUNDING UTILIZED</b> | <b>MATCH VALUE (cash or in-kind)</b> | <b>SOURCE OF MATCH</b> | <b>TOTAL AMOUNT</b> |
|------------------------------|--------------------------------|--------------------------------------|------------------------|---------------------|
| 1. Administration            | \$                             | \$                                   |                        | \$                  |
| 2. Transportation            | \$                             | \$                                   |                        | \$                  |
| 3. Materials                 | \$                             | \$                                   |                        | \$                  |
| 4. Travel Related            | \$                             | \$                                   |                        | \$                  |
| 5. Supplies                  | \$                             | \$                                   |                        | \$                  |
| 6. Rentals                   | \$                             | \$                                   |                        | \$                  |
| 7. Equipment                 | \$                             | \$                                   |                        | \$                  |
| 8. Displays/Exhibits         | \$                             | \$                                   |                        | \$                  |
| 9. Speaker Costs             | \$                             | \$                                   |                        | \$                  |
| 10. Advertisement/Promotion  | \$                             | \$                                   |                        | \$                  |
| 11. Professional Development | \$                             | \$                                   |                        | \$                  |
| 12. Other (list)             | \$                             | \$                                   |                        | \$                  |
| 13. Other (list)             | \$                             | \$                                   |                        | \$                  |
| 14. Other (list)             |                                |                                      |                        |                     |
|                              |                                |                                      |                        |                     |
| <b>TOTALS</b>                |                                |                                      |                        |                     |

\*Please provide copies of bills for claimed items

*For assistance in preparing project reports or for more information,*

*Contact*

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