

**REDLANDS EDUCATIONAL PARTNERSHIP**

**GRANTS FOR SCHOOLS EVALUATION FORM – DUE JUNE 1<sup>ST</sup>**

Teacher Name  
and School Site: \_\_\_\_\_

Project Title: \_\_\_\_\_

Evaluation of Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List All Expenditures *and Attach Receipts!*

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

TOTAL AMOUNT OF GRANT AWARD

\_\_\_\_\_  
\_\_\_\_\_

**Please submit this form w/receipts attached NO LATER THAN JUNE 1<sup>ST</sup>**

**To:**

**Redlands Educational Partnership  
Redlands Unified School District  
P.O. Box 7840  
Redlands, CA 92375  
Attn: Tish Velasquez**