

DEF Grant Report

**Must submit within 60 days upon completion of program/project to Cheryl Mack at DCS:
7030 Coffman Road, Dublin, OH 43017**

Name of program/project: _____ Location: _____

Contact person & Phone #: _____ Amount awarded: _____

Number of participants: Students: ____ Parents/adult volunteers when applicable: _____

Success of program/project in meeting the intended result (please rank from 1 – 7 with 7 as the most successful): _____

Will this program/project continue (please circle one)? Yes No Maybe

If you have a video/picture on this program/project for posting on the DEF website, please send to Doug Baker at above address. He can also be reached at baker__doug@dublinschools.net.

Additional comments: _____

Financial Report

	Budget	Actual expenditure	Variance	Explanation
Supplies & materials	_____	_____	_____	_____
Transportation fees	_____	_____	_____	_____
Registration fees	_____	_____	_____	_____
Miscellaneous	_____	_____	_____	_____

Please include all receipts & documentations