**Friends of Chimacum Schools Education Foundation (FOCS). 501(c)(3)**

**PO Box 192, Chimacum WA 98325**

**(360) 302-5894**

**Grant Evaluation**

**Submit to:** Friends of Chimacum Schools Education Foundation, c/o Chimacum School District Office

**Deadline:** Upon completion of grant.

|  |  |
| --- | --- |
| Grant Time Period: | Project Leader: |
| Name of Project: |  |
| Building: | # of Staff Involved: |
| # of Parents Involved: | # of Students Involved or Impacted: |
| Criteria Targeted: |

**Please complete upon completion of your project:**

How did this project enhance or support your curriculum?