



Educational Grant Accountability Form

1. Applicant's Name: LISA Johnson Position: teacher-Science

2. School: MMS Educational Grant Number: 09-03

3. Project Evaluation (describe how project goals were met, successes, failures)
GIVES students hands-on experience
understanding delicate balance
of biotic + abiotic relationships
w/ia ecosystems. students report
+ share w/ peers and complete
reflection + news article.

4. Describe the project's impact on students/school/community:
Deeper understanding of local
ecosystems w/ direct impact
them environmentally.

5. Number of students involved: 25 Grades: 6 Number of others involved: 5 adults

6. Project began on on-going through year Ended: _____

7. Describe how project has been shared with others: Science club members
have shared experiences w/ classmates during science
classes, &

8. Amount of Grant: Private = 86.60, Gas = 21.85 Amount Spent: _____
(Estimated) Total = 108.45
9. Funds spent from other fund sources: Ø in school news-letter.

10. Other Comments: _____

Documentation:

At any time before June 15 of the grant year, invoices may be submitted to CWRS for payment. Total of invoices may not exceed the total amount of the grant. Invoices may be faxed to 252-473-1668 (attention: CWRS), scanned and emailed to Gail Dreis at BOTH dreisga@dcrc.k12.nc.us and gailmay@yahoo.com, or mailed to CWRS, P. O. Box 1808, Manteo, NC 27954.

Signed: [Signature]
Applicant

Signed: [Signature]
Principal

Date: 5-13-10

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