



Educational Grant Accountability Form

1. Applicant's Name: Hillary Szalkiewicz Position: teacher

2. School : mms Educational Grant Number: 09-0

3. Project Evaluation (describe how project goals were met, successes, failures)

Students were able to use technologies and information systems to build an understanding of population dynamics. The digital cameras were used in the lesson at the Alligator River Refuge.

4. Describe the project's impact on students/school/community:

Students were very excited and shared their experience w/ their science classes. They were given a CD w/ all the pictures they took as documentation of the wildlife there.

5. Number of students involved: 24 Grades: 6th Number of others involved: _____

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

7. Describe how project has been shared with others: through classroom curriculum

8. Amount of Grant: ? Amount Spent: ?

9. Funds spent from other fund sources none

10. Other Comments: Thanks for funding our fieldtrips!!

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 cindy_heffley@fws.gov, or mailed to CWRS, P. O. Box 1808, Manteo, NC 27954.

Signed: [Signature]
Applicant

Date: 2-19-10

Signed: [Signature]
Principal

Date: 2/19/10