

NCTM Affiliate Services Grant Final Report Form

GRANT: Cummins Grant (Partner Affiliates only) Associate Grant Student Grant

TYPE OF GRANT: Professional Development Affiliate Development Student Affiliate

Application Date: _____

Affiliate(s): _____

Start date of project: _____

Completion date of project: _____

GRANT CONTACT PERSON

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-mail: _____

Affiliate Office held: _____

AFFILIATE PRESIDENT

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-mail: _____

Affiliate Services Committee Representative: _____

Number of persons participating in the project:

Total: _____ Affiliate Members: _____

Students: _____ Others: _____

On separate pages, please include:

• Project Summary

Summary should correspond to the Project Outline from the original grant application form and should be limited to two pages. Answers to the following questions should be included in this summary:

- ⇒ How effective was your project in reaching the stated goal(s) and meeting the rationale originally stated in the grant application? Did you meet your goal(s), and if not, explain why.
- ⇒ How was MET acknowledged for its support of the project?
- ⇒ What advice do you have for other Affiliates considering a similar project?

• Budget Summary

Attach a complete budget and copies of receipts that account for all NCTM monies that were spent.

- Send two copies of this final report form to Affiliate Services at NCTM.

GRANT CONTACT SIGNATURE

Date: _____

AFFILIATE PRESIDENT SIGNATURE

Date: _____



NATIONAL COUNCIL OF
TEACHERS OF MATHEMATICS

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