

# 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**

**AFFILIATE PRESIDENT SIGNATURE**

Date: \_\_\_\_\_

Date: \_\_\_\_\_



NATIONAL COUNCIL OF  
TEACHERS OF MATHEMATICS

1906 ASSOCIATION DRIVE | RESTON, VA 20191-1502  
TEL: (703) 620-9840, ext. 2104 | FAX: (703) 476-2970  
AFFILIATES@NCTM.ORG | WWW.NCTM.ORG