



Share A Vision

Enriching the lives of individuals
with autism and other disabilities

GRANT SUMMARY REPORT

Share A Vision is pleased to be able to support your project. At the conclusion of your project we require that you complete this form evaluating your grant activities within six months of the date of grant issuance.

Grant Amount \$ _____ Date Issued _____
 Contact Person _____
 School District or Organization _____
 Address _____
 Number of children with Autism / Disability served _____

Describe how you were able to implement the plan / program outlined in your grant:

Did you gain the results desired and specified in your grant? Describe concisely (attach extra pages if needed). Please include:

1. Your goals and evidence of the outcomes achieved using the measures identified in your grant.
2. Other indicators of the effectiveness of your funded project relative to its goals.

Explain what you have done to share the results of your project with colleagues and to sustain any positive results or changes in future practice:

Important: You must attach copies of paid invoices or a copy of the purchase order submitted to your organization along with this summary report.

Signature: _____ Date: _____

Please send the completed evaluation to: Share A Vision, 15 Meadowlawn Drive Unit 1, Mentor, OH 44060