



BEVERLY EDUCATION FOUNDATION, INC.

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2024-2025 Teacher/Parent Grant Funding Report

School Contact Person(s) Implementing Project: _____ Implementation Date(s): _____
Name, Phone, Email:

School Name/Address:

Check the type of grant you are reporting on: ___ District, ___ Teacher, ___ School Council

Project Name & Brief Description:

Amount Funded by Beverly Education Foundation: _____

Number of people directly benefiting from this project: ___ students, ___ teachers,
___ administrators, and ___ parents.

Project Results or Outcomes:

(How was the funding used? What was accomplished? How was impact assessed?)

Outstanding Project Items and Proposed Completion Date(s), if any:

Short Project Term Benefits:

Long Term Project Benefits:

Please complete and return with any supporting documentation including receipts. Thank you.