

LOCAL ASSOCIATION GRANT
GRANT EVALUATION

Local Association _____

Person Responsible _____

Address _____

Phone #s Home _____ School _____

Statement of Purpose for this grant: _____

Narrative Description: (identify successes of each major activity)

Amount of funds awarded: _____

Identify how each expenditure was used:

Submitted to SDEA/NEA President, 411 E. Capitol, Pierre, SD 57501
for review.

Date

Signature of Local President