

**PHOENIXVILLE AREA SCHOOL DISTRICT  
Phoenixville, Pennsylvania**

PCEF Mini Grant Program for Education

FINAL REPORT

Date of Report: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contact Person/School Assignment: \_\_\_\_\_

Number of Children Impacted by the Project: \_\_\_\_\_

Describe in a few sentences how valuable this project was or how well the project ran:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you do differently? \_\_\_\_\_

\_\_\_\_\_

Is this a project that could and should occur next year or be ongoing? Explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your expenses and attach receipts (Attach other pages, if necessary)

\_\_\_\_\_

**Attach photographs of the project when applicable.**

\_\_\_\_\_  
Signature

Submit Final Report within 30 days of project completion to:

Superintendent's Office  
Phoenixville Area School District  
386 City Line Drive  
Phoenixville, Pennsylvania 19460