

**Extension Master GardenerSM Volunteers of Buncombe County
2019 School Garden Grants
Program Evaluation Report**

Due Date: October 30, 2019

Contact Person: _____

School: _____

Project Goals:

Number of students participating in the project _____

Number of school faculty participating _____

Number of community volunteers participating _____

Total of receipts from grants expenditures _____

(Attach receipts for funds spent and/or school expenditure audit here.)

Total project costs _____

(Include donations from other sources.)

In the space below or on a separate sheet: Briefly list 3 to 5 benefits that your students received from this grant.

Give horticultural/environmental concepts/practices/facts that your students mastered as a result of these garden experiences.

Prepare a brief narrative evaluation report that includes student comments and pictures in the garden.