

- 8. What are the means of evaluating this project?

- 9. What are the methods for reporting the results of this project to the Mentor Schools Foundation?

- 10. What are the projected times/dates of implementation and duration?

- 11. Other comments: (Attach additional pages, if needed.)

SEND PROPOSALS TO:

**Mentor Schools Foundation
6451 Center Street
Mentor, OH 44060**

Signature of Project Director

Principal's Signature

Date of Application

Assistant Superintendent

For Foundation Use Only:

Grant No. _____

Date Received _____

Approved: _____ **Yes** _____ **No**

Date _____

(Application revised 12/99)