

 Grantee Report

This grantee report is due 30 days after the project is completed. This report is the primary tool for measuring the impact of the programs supported by District 279 Foundation. Complete all sections of the form and submit the signed form, copies of receipts and digital photographto Deb Anderson (andersondebra@district279.org) at District 279 Foundation. Failure to submit this report will result in no further issuing of grants until it is received.

**Grantee Information**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Grant Writer  | Email/Phone | Date of Report |
|  |  |
| School/Site Name | Project Title |
|  |  |
| Amount of Grant | Date grant issued |

**Report Narrative**

1. Please provide the brief summary of your grant project stated in your application.
2. Please provide your intended outcomes and appropriate and measurable evaluation methods stated in your application and the progress you made towards these outcomes.
3. Were there any unanticipated results, either positive or negative?
4. What did you learn because of this grant?
5. Please provide an example of a success story from your project.
6. District 279 Foundation requests that a digital photograph of the student(s) and/or the grant writer participating in the activities described in project be submitted with this report. Please submit the photograph electronically to andersondebra@district279.org and provide a description of the activity shown in the photograph. Please ensure that any photos you submit comply with data privacy laws (including directory information opt outs); contact the district community relations director if you have questions about data privacy.

**Expenditure Information**

|  |
| --- |
| **Project Budget Form** |
|  Provide a description of each Funding Source and Expense Item  |
|  |
|  **INCOME**  |  |  |
|  **Amount**  | **Funding Source** | **Status** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  **$ -**  | **TOTAL** |   |
|   |  |   |
|   |  |   |
|  **EXPENSE**  |  |  |
|  **Amount**  | **Item Description** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|  **$ -**  | **TOTAL EXPENSE** |
|  |  |  |
|  **$ -**  | **Difference (Income less Expense)** |  |

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Contact Person’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Authorized Foundation Signature Date of Receipt