

Mini-Grants to Teachers GRANT REPORT FORM



Today's Date: _____

Date/Year Awarded: _____

School Name: _____ County: _____

Teacher's Name: _____ Grade Level: _____

Teacher's Phone: _____ Teacher's Email: _____

Amount Awarded: \$ _____

Number of Students Affected: _____

Project Name/Description: _____

Provide stories or comments about how this funding impacted your classroom and/or school. (feel free to use additional pages):

Project Budget summary (Did you spend the money as outlined in the proposal?): _____

Pictures are encouraged and can be mailed along with your report or emailed to info@ewvcf.org.