

DISTRICT 742 LOCAL EDUCATION ACTIVITIES FOUNDATION (LEAF)

GRANTEE FINAL REPORT

(All grantees must return a final report within 60 days of the ending date of their project)

Contact Person's Name _____ Project Title _____
Address _____ Daytime Phone _____

1. Budget Summary

Table with 3 columns: Expenses, Proposed (from your original Grant proposal), Actual (must be completed for this final report). Rows include Supplies/materials, Fees, Mileage, Meals/Accomm., Printing, Other, and Total expenses/Project costs.

Revenue

Table with 3 columns: Revenue, Proposed, Actual. Rows include District 742 support, LEAF Original request/actual grant, and Other income/grants (specify).

Total revenue (must equal project cost) _____

Note: If funds will not be expended within one year, please indicate the reason here:

2. Please use additional pages to provide the following information

- a. Please describe the final version of the project; highlight any differences which occurred between the original proposal and as actually completed event or activity.
b. Describe the impact of this project on the students involved. (Permission to quote? Y N)
c. Please suggest any participants, (students, staff, parent/guardian) who might be willing to be interviewed for LEAF publications/presentations.
d. What was/is the approximate number of students impacted by this grant?
e. What did you do to publicly recognize LEAF's support of your project? Include examples of Publications if possible.
f. Talk about the future of this activity/program and how prospects may have been impacted by LEAF support.
g. Please feel free to share anecdotal stories

8. Required signatures:

_____ Principal/Administrator/AD (original signee)

_____ Grant Contact Person

(for office use only: Grant Round _____ Date Awarded _____)

THIS FINAL REPORT MUST BE RETURNED WITHIN 60 DAYS FOLLOWING THE STATED PROJECT ENDING DATE TO: LEAF, ATTN: CAROL GRUBA, P.O. BOX 1132, ST. CLOUD, MN 56302,