



## GRANT FINAL REPORT FORM

Project Name

Project Leader/Project Team Leader

Project Leader Telephone

Project Leader Fax

Project Leader Email

Additional Project Team Members (If applicable)

Participating School(s)

Grade Level/Specialty

Total Amount Awarded:

\$ \_\_\_\_\_

### AGREEMENT WITH THE FOUNDATION:

By submitting this final report for my Innovative Educator Award Mini-grant I am attesting to the truth and accuracy of my project team's efforts. All grant funds were spent as indicated or implied. I further recognize that my grant award was considered "seed" funding and the Foundation is not in any way obligated to continue funding my project in future years. I agree to continue helping to promote public awareness of my project as well as the Innovative Educator Award Program and/or the relationship of the Stafford Township Education Foundation to my project in the community.

Signature of Project Leader

Date





