



THE FOUNDATION

For the School District of the City of St. Charles

2019 FOUNDATION GRANT QUESTIONNAIRE

Congratulations on receiving a grant from the Foundation. As a final phase of the grant process, please provide written responses to the following questions and mail or email them to the below address within 60 days of grant implementation. Failure to do so may cause you to be ineligible for consideration during the next grant cycle. Thank you very much for your cooperation.

TEACHER(S) NAME(S): _____

SCHOOL: _____

GRANT NAME: _____

POSSIBLE OBSERVATION DATES: _____

a. **Summary of Expenses** (please attach additional sheets if necessary)

a. **NOTE:** You are asked to return any unused funds to use for other Grants.

b. Expense Description _____ Expense Amount
\$

\$ _____
Total

b. Please provide the following information:

a. Date of Implementation _____

b. Grade(s) that benefited _____

c. Number of students receiving benefit from Grant _____

d. Please describe how your objectives of the Grant were met. Feel free to include pictures and Student Testimonials (attach additional sheets if necessary)

