



EXCELLENCE IN EDUCATION FUND – GRANT REPORT FORM

GRANTEE: (Name, school & school address)	AMOUNT OF GRANT:
	PROJECT COMPLETION DATE:
	NUMBER SERVED BY PROJECT:

PLEASE ANSWER THE FOLLOWING QUESTIONS CLEARLY AND CONCISELY ON A SEPARATE SHEET AND ATTACH TO THIS FORM.

1. Give a brief description of the project, including goals and objectives.
2. What underlying problem did the project address? What impact did the grant have on the problem?
3. What were your achievements as they relate to the goals and objectives of the project? Any unexpected setbacks or outcomes? *(Attach newspaper articles, photos, etc. if available. Digital photos should be emailed to address below.)*

REPORT ON GRANT FUNDS: (Attach copies of receipts as applicable if not already submitted with grant payment request)

Description of Expenditures	Amount		
_____	\$ _____	Grant Award	\$ _____
_____	\$ _____	Less Total Spent	\$ _____
_____	\$ _____	Balance Not Spent	\$ _____ *
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
TOTAL SPENT	\$ _____		

*** Call Foundation office to determine if a refund of balance not spent is due.**

CERTIFICATION: These funds were expended for the purpose of the grant as described above.

Grantee Signature/Title	Typed/Printed Name & Title
Date	Telephone Number

Return this form to:
 505 Fifth Street, Suite 412 • Sioux City, IA 51101 • 712-293-3303
office@siouxlandcommunityfoundation.org