



NORTH THURSTON
Education Foundation
— PARTNERS FOR KIDS —

NTEF POST-GRANT REPORT

NTEF Grant No. *[input]*

School: *[input school]*

- Grant received: *[input XX/XX/XX]*
- Completion date: *[input XX/XX/XX]*
- Grant post-report due date: **WITHIN 60 DAYS OF PROJECT COMPLETION.**
- **PLEASE INCLUDE DISTRICT APPROVED PHOTOS WITH YOUR POST-GRANT REPORT**
- **If you need additional space, please use the back or e-mail this report.**

CONTACT INFORMATION

Name of person completing report: _____

Telephone _____ Email _____

REPORT

1. Did you spend the entire grant amount? Yes _____ No _____
Unused funds will be returned to NTEF.

2. Tell us how the grant money helped you achieve your goals.

3. Restate expected outcome.

4. Did you achieve your anticipated goals?

