

**Final Report**

***Email to:*** carolyn@isfdn.org

1. Program Information

Date:

Program Name:

School:

School Contact:

1. Please briefly summarize the specific details of the project in bullet form:
* How many students/teachers/staff were served by this project/activity?
* When did the project take place?
* Please summarize the specific activities of the project.
1. Please describe the impact this project had on students and/or teachers using results from pre/post tests, satisfaction surveys, quotes and stories from participants, etc. Please email pictures from the project to Carolyn@isfdn.org. Please refer to your Letter of Agreement for the specific outcomes to report out on for your project.
2. What is one big success you would like to share from your project?
3. What has been challenging or what lessons have you learned?
4. How do people know that the Foundation supported this project? For example- Issaquah Schools Foundation logo on project flyers, in emails/enews, on websites, or on equipment purchased. Please email any examples to carolyn@isfdn.org .
5. Would you like the program to continue at your school next year? If not, why not? If yes, what changes do you plan to incorporate next year to increase the success of the program? Please include a draft budget for 2017-18 school year to carolyn@isfdn.org using the Budget Template on the next page.
6. Is there anything else that you would like to share?

**BUDGET INFORMATION to request ON-GOING FUNDING**

*The following information may be submitted using the form below or you may create your own document.*

What is the total budget for project- including sales tax and costs beyond the scope of this grant: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested from the Issaquah Schools Foundation: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We favor proposals that show a variety of funding sources, such as PTSA, school building funds, services groups, etc. Have you requested funding from other agencies/organizations at this time?

Yes ☐ No ☐

If yes, please list:

|  |  |  |
| --- | --- | --- |
| **Funding Source**  | **Amount Requested**  | **Outcome of request** |
| A. |  |  |
| B. |  |  |
| C. |  |  |

If the Issaquah Schools Foundation cannot fully fund your request, how will this affect the project/activity?

**BUDGET INFORMATION**

Please itemize the planned expenditures of the entire project including sales tax and costs beyond the scope of this grant. Indicate which aspects of the project is specific to your request from the Issaquah Schools Foundation.

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description  | Quantity  | Unit Cost  | Subtotal |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

Overall Total $ \_\_\_\_\_\_\_\_\_\_\_\_

Further Explanation if necessary: