



The Foundation
For the School District of the City of St. Charles

2011 FOUNDATION GRANT QUESTIONNAIRE*

*Please complete the questionnaire and mail to the below address within 3 months of the end of the semester of Grant implementation. Failure to do so will cause you to be ineligible for Foundation Grant consideration for the next school year. Thank you very much for your cooperation.

TEACHER(S) NAME(S): _____
 SCHOOL: _____
 GRANT NAME: _____

- I. **Summary of Expenses** (please attach additional sheets if necessary)
NOTE: You are asked to return any unused funds for use for other Grants.

<u>Expense Description</u> _____	<u>Expense Amount</u>
	\$

 \$ _____

- II. 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)

We are very pleased we were able to help you teach your students in new and innovative ways!

The Foundation's Board of Directors