McMinn County Educational & Community Foundation

Teacher Grant Reporting Form

Return this form to your School Bookkeeper by December 10, 2025.

You are asked to ensure that you spend ALL allotted funds. If there is a difference in granted funds and funds spent, please contact Ginger Robinson to clarify the difference.

School Name_____ Email _____
Teacher's Name (primary contact) _____ Phone _____
Co-Applicants_____
Total Granted _____ Total Spent _____

1. Are you satisfied with the funding of your grant? YES ☐ NO ☐ Explain.

2. If you received partial financial support of your grant, was this helpful? YES ☐ NO ☐ Explain.

3. Do you see this project continuing without additional funds? YES ☐ NO ☐ Explain.

4. Are there any stories you can share concerning students' success because of this grant-funded project? Attach these on another page and **please send these stories and/or pictures to mcminncef@gmail.com.**

Teacher Name _____ Signature _____

Principal Name _____ Signature _____

Bookkeeper Name _____ Signature _____

* Remember to **attach a copy of the receipts/invoices** to this form before giving it to your school's bookkeeper.

* Please be sure that any children in the photographs **have permission** to be photographed and have their pictures shared on Facebook, our website, etc.

Thank you for participating in the MCEF grant program and for teaching our children!