



## Teacher Mini-Grant Follow-Up Report (2024-2025)

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Mini-Grant Amount: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

### Question #1

Describe the accomplishments of the program or project. Please include any photographs (in separate PDFs) that are suitable for publicizing the Teacher Mini-Grant Program.



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### Question #2

Provide a detailed accounting of how the Teacher Mini-Grant funds were spent.

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Teacher's Electronic Signature

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Date

**Note: This report must be completed to be eligible for future LPSF Teacher Mini-Grants.**