



Teacher Mini-Grant Follow-Up Report (2025-2026)

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.

Teacher's Electronic Signature

Date

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