

Allina Funding Report

School Year:

First Name: _____ Last Name: _____

School: _____

1. How did you use your grant funds?
2. Why was this funding important and what did you hope to achieve?
3. How many staff/students/families did your funding impact?
4. What did you learn?
5. Any particular challenges or barriers encountered.
6. Did your project turn out differently from what you expected? If yes, please explain.
7. If you could do one thing differently, what would it be?
8. List up to three positive outcomes of your project.
9. Do you have any testimonials, stories, or memorable quotes with respect to this wellness funding? *(Anecdotes help to personalize the funding for Allina and illustrate what the funding provides for our school communities.)*
10. Please attach up to 3 images of grant-supported activities that took place during the grant period.

Please complete and save with your school name, last name, and current school year in the document title, i.e. AdamsJacobson2017-18.