



Educator Mini-Grant Program Reimbursement and Reporting Request Form

Name of School/Organization:

First Name:

Last Name:

Email:

Phone:

Address of School/Organization

Street Address:

Address line 2:

City:

State:

Zip Code:

When and where did the activity/project take place?

Describe how your activity or project engaged participants?

Total number of participants:

List your relevant expenses:

Refund amount (cannot be more than the original award amount):

\$

Please provide information for the check recipient:

First Name:

Last Name:

Street Address:

Address line 2:

City:

State:

Zip Code:

Please submit photos of your activity or project in action. Include the photographer's name in the photo file name and email to admin@lowermnriverwd.org.