THE BARONA BAND OF MISSION INDIANS

CALIFORNIA'S EDUCATION TRIBE™

Barona Education Grant Program

ACCOUNTABILITY REPORT

Name of School: _____

Name of School Contact: _____

Position of School Contact: _____

Phone Number of Contact: _____

Name of Endorsing Legislator: _____

Date Received Grant Funds: _____

Total Cost of Your School's Program/Project: $ _____

Brief Description of Program/Project:

Provide a brief overview of the strategies and activities undertaken to meet the educational outcomes of your program/project:

EDUCATION OUTCOMES/OBJECTIVES:
ACTIVITIES UNDERTAKEN TO ACHIEVE OUTCOMES:
FUNDS ALLOCATED:
FUNDS SPENT

If possible, please enclose any testimonials and photos that you may have received from students, parents, and/or teachers about the use of the grant funds.