



Phoenixville
Community
Health Foundation



LL Bean Outdoor Experience Mini-Grant Program
GRANT REPORT FORM

Award Date: _____ Award Amount: \$ _____

Grant Source: Phoenixville _____ or Pottstown _____

School: _____

Person requesting: _____

Briefly describe the project funded: _____

Number of students who participated: _____

Expected outcomes of the program:

Actual outcomes of the program: _____

As an educator, what did you learn from this experience? _____

Additional comments? _____

Name

Date

IF YOU HAVE DIGITAL PHOTOS OF YOUR
PROGRAM/ACTIVITY PLEASE E-MAIL THEM TO
LPHartman@pchfl.org or abrendle@pottstownfoundation.org