



Date Submitted: _____

Please fill out this proof of performance for your grant.

1. Organization/Educational Program: _____
2. Address: _____
3. City, State, & Zip Code: _____
4. Main Contact Name: _____
5. Main Contact Phone: _____
6. Funded Program: _____
7. Age Group/Grade: _____
8. Period Covered: _____

The next few questions address how the grant funds are being used and the impact of the program.

9. Describe how the program is filling the need to cultivate unique learning environments and opportunities that support our youth.

10. Describe how the funding to date has impacted and improved the program's success.

11. Describe two (2) specific examples of success of the program that would not have been possible without the grant.

12. Please list how much of the funding has been used and its purpose. How will the rest of the funding be used?

13. Identify and quantify who has benefited from this project?

14. Please attach a minimum of five (5) pictures of the program's success. Please also include videos if applicable. Identify participants in photos and stills and include release forms.

15. Please provide a letter of support by those knowledgeable of the program's endeavors explaining how the grant funds have impacted the program this quarter.

By signing below, I certify that all information provided in this Proof of Performance is true and correct to the best of my knowledge.

Print Name: _____

Signature: _____

Date: _____

Please fill out completely, sign, scan and email this document to: success@tessonfoundation.org