PARENT REACHING OUT (PRO) REGIONAL GRANT

TCDSB Reporting Template

MUST BE COMPLETED AND SUBMITTED BY JUNE 15th, 2020

Ward/ Department/Committee	
Allocated Grant/Budget	**$**
Person-in-Charge	

Event Details	
Location	
Date/Time	
Speaker/Facilitator	
Number of Parents in Attendance	
Event Content (2 – 5 Sentences)	

Exit Survey	
Number and/or percentage of parents who have increased awareness of school activities	
Number and/or percentage of parents who felt more comfortable in the school environment	
Number and/or percentage of parents who learned new skills that will be beneficial for their child's achievement as a result of the project/event	
Photos	Please submit 2-5 photos of event via email to manuela.sequeira@tcdsb.org (*Please include title of project on the subject line of the email)*

Expenditures		
Possible Budget Category	**Maximum Amount that Can be Spent**	**Amount**
Facilitator/Speaker		$ (original receipts attached)
Refreshments	10% of approved funding	$ (original receipts attached)
Printing of Resources		$ (original receipts attached)
Promotion/Advertising	10% of approved funding	$ (original receipts attached)
Childcare		$ (original receipts attached)
Workshop Materials		$ (original receipts attached)
Other (Please add category):		$ (original receipts attached)
Total Amount (Cannot Exceed Grant)		$

Person-in-Charge **Signature** **Date**