

SCHOOL PARTNER REPORT CARD



Emeril Lagasse Foundation would like to learn about the activities supported by your grant. Use this form to describe how your grant funds were spent. Please keep responses brief and specific. Honesty in your reporting helps us to understand the successes and challenges experienced.

Instructions

1. Refer to your original grant agreement, school partner action plan and implementation timeline BEFORE completing this report.
2. Use the School Partner Budget Template to compare your school's proposed budget and expenditures to date of foundation granted funds, and submit the updated budget with this report.
3. When complete, submit all forms and documents to programs@emeril.org.
4. Questions? Problems completing your reporting form? Contact Emeril Lagasse Foundation at 504-212-2222 or programs@emeril.org.

Reminder Emeril Lagasse Foundation requires all grant reporting forms be up to date before dispersing additional grant funds.

ORGANIZATIONAL & GRANT INFORMATION

School Name _____ City _____ State _____ Site Program Manager Name _____
years school with Emeril's Culinary Garden & Teaching Kitchen (including current year) _____ # students enrolled in the school _____
teachers in the school _____ Grant Amount \$ _____ Report Due Date _____
Grant Period (start date) _____ End Date _____ This report covers the period from (date) _____ to (date) _____

Contact Information

Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____
Superintendent / Executive Director _____ E-mail _____
Fiscal Sponsor Information (if applicable) _____
Organization _____ Contact _____ E-mail _____

1. Please list and briefly describe other food, nutrition, gardening and wellness programs at your school besides Emeril's Culinary Garden & Teaching Kitchen in the past year:

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2. Who is on your Culinary and Garden program team? What is their role?

Name	School Admin	Teacher	Food Service	Other Staff	Student	Parent	Site Staff	Community Partner	Other
<i>Ex: Jane Smith</i>	X								

3. For each of the questions in the left column, please enter only the quantity applicable for each grade level. Total the amount for each row in the last column.

Question	Grade K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Total
<i>Example: Number of students engaged?</i>	20	20	20	20	20	20	20	20	20	180
Number of overall students engaged?										
Number of garden classes held?										
Number of kitchen classes held?										
Number of teachers who used the kitchen for academic instruction (outside culinary class)?										
Number of teachers who used the garden for academic instruction (outside garden class)?										
Amount of funds raised?										
Number of community and family events held?										

INTERIM IMPACT REPORT

Program Goals

4. Briefly restate your major goals supported by Emeril's Culinary Garden & Teaching Kitchen (please insert the goals outlined in your grant proposal) and/or school partner action plan.

Goal Measurement

5. Briefly describe the degree to which each of the above are being achieved. Provide an example or 2 to clarify, if appropriate.

Insights Gained

6. Briefly state 1–2 insights you have gained that you intend to integrate into your work.

PROGRAM ATTACHMENTS

Submit:

- Completed action plan from last school year
- New action plan and implementation timeline for the upcoming school year
- 5 lesson plans developed using the curriculum scope and sequence and one of the garden or kitchen lesson templates

GRANT IMPACT

Please provide an indication of the impact the grant program activities are beginning to have on individuals and the community. Where possible, provide numbers and stories to help explain the impact. Please provide no more than 2 examples to clarify, if appropriate.

Impact on an Individual

7. How is your program impacting the lives of individuals (students, teachers, staff, parents, alumni, etc)?

Impact on Community

8. How is your program impacting the community (school, district, neighborhood, etc)?

PROGRAM BUDGET

Complete the attached [School Partner Budget Template](#). Are there any changes to the budget at this time?

[Link to current ECGTK excel file](#)

DONOR RECOGNITION

9. List the major activities by which the grant to your organization and Emeril's Culinary Garden & Teaching Kitchen has been publicly recognized. For example: include media impressions, newsletter article citations, websites w/ web the address, press releases (dates), etc. If possible please include copies of such materials.

PHOTOS & MEDIA

10. Please share screen shots and/or photographs confirming the use of Emeril's Culinary Garden & Teaching Kitchen logo displayed as a donor on the Beneficiary Organization's website with a link back to the Emeril.org website.

11. Please attach 3-5 high resolution quality photos showing the program in action. The foundation may use these in promotional materials, as outlined in the Grant Agreement.

GRANT REPORTING FORM CONTACT PERSON

Who prepared this report (if different from the school's Executive Director or Superintendent)?

Name _____ Title _____ Phone (____) _____ E-mail _____

I hereby certify that the above and attached statements are true and accurate.

Signature of Authorized Representative _____

Position _____ Printed Name _____ Date _____