BEGINNING TEACHER NETWORK FINAL REPORT

EDUCATION STANDARDS AND PRACTICES BOARD

SFN 60433 (06-2017)

Final report is due at 4:00pm on May 31st

Name of Beginning Teacher Network		
Name of Grant Coordinator		
Mailing Address for Payments		
City	State	ZIP Code

Documentation needed for final payment:

- ☐ A final list of all activities carried out under the grant. Please include artifacts such as meeting schedules, communications, etc.
- ☐ Documentation of Network evaluation results
- ☐ A brief Grant Coordinator's evaluation of Network activities and "lessons learned" this year.
- ☐ Any suggestions you have for the ND Teacher Support System as we plan for the future
- ☐ All *Meeting Sign-in Sheets*
- ☐ Completed and Signed *Final Reporting Form*

Summary – Final Payment

Total Facilitator and Presenter Expenses (from page 2)	$
Total Meeting Expenses (from page 3)	$
Subtotal of Expenses	$
Plus 5% District/REA Administration Fee	$
Total Expenses	$
Total Amount of Approved Funds from the ND Teacher Support System (TSS)	$
Minus Grant Funds Previously Received	$
Amount of Final Payment Requested	$

For Use by Teacher Support System

APPROVED FOR TEACHER SUPPORT PAYMENT

DATE:

CODE: 609

Numbers Served

Number of first-year teachers who attended only one session	
Number of first-year teachers who attended more than one session	
Total number of first-year teachers who participated in program	

Submittal Information

Beginning Teacher Network Name	Date Submitted
Grant Coordinator Name	Signature
Fiscal Agent/Business Manager Name	Signature

Facilitator and Presenter Expenses

Person Paid	Service Provided	Date of Service	Amount Paid	Date Paid
			Total =	

Meeting Expenses

Meeting Date	Item (ex. food, copying)	Paid to Whom	Amount Paid
		Total =	