

Program Fees
Materials
Other
Other
Other

DISCOVERING THE OUTDOORS GRANT REPORTING

State Form 55252 (5-13)
INDIANA STATE PARKS AND RESERVOIRS / INDIANA NATURAL RESOURCES FOUNDATION

INSTRUCTIONS: This report is du	e by June 15" in ti	he year following th	ne field trip to an Ind	iana state park or reservoir.
Grantee Name:				
Teacher/Leader Position:				
Mailing Address:				
City:		IN Zip Code	e:	County:
Daytime Telephone number: _ Email:			Fax number:	
(Note: Correspondence when	school is not in	session will occ	ur via email.)	
				Other:
State Park or Reservoir proper	ty visited:		Fiel	d Trip Date
Total number of students (mu	st be 15 or mor	e) who particip	ated in the field	trip:
				rivers)
Please describe or attach the f	final agenda for	the field trip.		
Please describe how the field:	trin connected	snacifically with	n the Indiana Aca	ademic Standards identified in
your grant request, and with c	•	•		daenne Standards Identinied in
your grant request, and with e	ther elements	or your curricul	uiii.	
How did this field trip experie	nce benefit vou	r students? We	re outcomes/me	easures of success identified in the
grant request achieved?	,			
0				
Please identify costs below. At	tach all receipt	s and any addit	ional explanator	ry information. Receipts should
include the date of the field tr	ip, who took th	e trip, actual m	ileage, etc.	·
e: 11= : A .				
Field Trip Costs	Budgeted	Actual	DOF Funds	Other Funds and Source
Transportation				

What suggestions do you have for us for our field trips or for the management of next year's grant program?