Northeast Iowa Stormwater Education Program Watershed Guardian Grant Report

School District:		School/Building:		
Tea	cher(s):	Teacher Email(s):		
Gra	de:	Subject/Class:		
Pro	ject:			
		Project completion date:		
Am	ount received:			
	ant Type: Junior Watershed Guardian ((up to \$500) ExStream Watershed Guardian (up to		
1.	Briefly describe your project. What prac	ctices did you build, or programs did you develop?		
2.	How many students were involved in th	e project? How were they involved in making decisions		

about the project, in building the practice/developing the program?

3. Are you monitoring water quality or quantity upstream and downstream from your what describe your findings. (Required for <i>ExStream Watershed Guardian Projects</i> , <i>Guardian Vatershed Guardian Projects</i>).					
4.	What, if any, challenges did you face in implementing your project? Did you make changes to the project?				
5.	What is your plan for maintaining the practice and/or continuing the program?				
6.	Did you complete the proposed project/program? If not, what is the expected completion date?				
7.	 Please include the following attachments: Financial report listing revenues and expenses Teacher Time Log Northeast lowa Stormwater Education Program Evaluation (grade us!) Student pre- and post-assessments Photos of the project, news clippings and/or any testimonials you'd like to share! (Please note these may be used for promotion). Acknowledgement and Signature 1 certify the accuracy of this report.				
 Sig	ature Print Name and Title Date				