



THE TWIGA FOUNDATION
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USE TAB KEY OR ARROWS TO TOGGLE BETWEEN FIELDS

■ Schedule 1.10 Save and/or print document to email, fax or mail to the Twiga Foundation ... Remember to save a copy for yourself **QUARTERLY REPORT**

Date:	Organization:	Sublicense #:
Name:	Qtr Ending:	Year:
Phone:	Address:	
email:		
website:	City, ST, Zip:	-

Event Date	Lead Certified Trainer(s)	City, ST	Host Organization	# of 1 hour sessions	# of Adults	# of Children	English handbooks		Spanish handbooks		# of Parent Feedback cards
							# Given*	# Sold	# Given*	# Sold	
= TOTAL NUMBER OF EVENTS				TOTALS:							

-----* Given away at no cost -----

If more than one (1) Certified Trainer participated in a BLOCK Fest™ Event, please provide names of all who participated:

Date	Other Certified Trainers	Other Certified Trainers	Other Certified Trainer	Other Certified Trainers

How many Math & Science Workshops (3 hour) were conducted?	How many people attended?	How many one-hour volunteer training sessions were conducted?	How many volunteers were trained?
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Please include copies of all (non-Twiga Foundation/BLOCK Fest™) printed materials used for advertising and during events Attached

Did your organization receive any grants during this period? Yes No If so, from whom?

Purpose of grant:	Amount of grant: \$	Please send copy of grant award Press Release to Twiga Foundation <input type="checkbox"/> see Press Release at this URL: <input type="checkbox"/> copy attached
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Date: **Organization:** **Sublicense #:**

Name: **Qtr Ending:** Mar 31 June 30 Sep 30 Dec 31 **Year:**

ACTIVITIES SUMMARY:	
Number of BLOCK Fest™ events conducted during quarter:	#
Total \$ amount of entrance fees collected at BLOCK Fest™ events:	\$
Total \$ amount collected from renting exhibit:	\$
Total \$ amount collected from fees charged for conducting training:	\$
Number of Handbooks sold:	#
Total \$ amount collected from Handbook sales:	\$
TOTAL:	\$
COMBINED TOTAL 5% ROYALTY FEE DUE TO TWIGA FOUNDATION:	\$

SUCCESS STORIES:

WHAT WORKED WELL FOR YOUR EVENT?

WHAT WOULD YOU DO DIFFERENTLY AT YOUR NEXT EVENT?

Name – Certified Trainer (please PRINT)

X

Signature

Date