



THE CATHOLIC
COMMUNITY FOUNDATION
OF SANTA CLARA COUNTY

Report form for 2012 Grants

Grant Awarded:

Amount Awarded: \$ _____

Date Grant Awarded: 06/01/2012

Program/Project: _____

Reporting Party

Name: _____

Title: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Email: _____

1. Please describe any changes to the original, written intent of your grant request:

2. Describe the activities and progress of the project.



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3. How has the Catholic Community Foundation grant affected your organization's ability to improve the lives of the program participants?

4. What changes have you seen as a result of this project?

5. Describe any "unanticipated" benefits and/or challenges encountered pertaining to the use of grants funds during the past 12 months.



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6. Attach a financial report, indicating expenses paid. If there are any remaining funds from the Foundation, please explain your plans to to utilize them by June 30.

7. Include any comments about the Catholic Community Foundation's grant process, funding cycle, support and/or communications with grant recipients, application form, Foundation or grant recipient expectations, etc.

Signatures and Certification

We certify that (please check only one):

We spent all grant funds from the Catholic Foundation, *and* we spent all these funds for the stated purposes of the grant awarded. All information presented above is complete and accurate.

We did *not* spend all grant funds from the Catholic Foundation for the stated purposes of the grant awarded. We will return \$ _____ to the Catholic Foundation. (All funds that were *not* spent must be returned to the Catholic Foundation before the end of the current calendar year.) All information presented above is complete and accurate.

Signature: _____

Print name and title: _____

Date: _____