



THE CATHOLIC
COMMUNITY FOUNDATION
OF SANTA CLARA COUNTY

Report form for 2013 Grants

Grant Awarded:

Amount Awarded: _____

Date Grant Awarded: 06/15/2013

Program/Project: _____

Reporting Party

Name: _____ Title: _____

Parish/Organization: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Email: _____

1. Please describe any changes to the original, written intent of your grant request. (Your original application is attached for your reference.)

2. Approximate the number of individuals both directly and indirectly affected by the grant received from the Foundation.



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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: _____

Title: _____

Date: _____