**Grant Details:**

**Amount Awarded:**

**Date Grant Awarded:**  June 2016

**Program/Project:**

***Reporting Party***

Name: Title:

Parish/Organization:

Address:

City, ST, Zip:

Phone:

Email:

\*\*Please login to the application portal to review your original application before completing this form. Login at: [giving.cfoscc.org/grant-applicant](https://giving.cfoscc.org/sslpage.aspx?pid=291)

1. **Were there any changes to the original intent of your request? (You can view your 2016 application(s)** [**online**](https://giving.cfoscc.org/sslpage.aspx?pid=291)**, or contact the Grants Program Manager for assistance.)** Yes No

**If yes, please describe:**

**Did you receive approval from the Foundation for these changes?**  
 Yes No

1. **Approximately how many people did your program reach:**Directly:   
   Indirectly:

**How did you track these numbers?**

1. **Describe the short-term and long-term benefits of your program.**

1. **What, if anything, would you do differently?**

1. **Describe any unanticipated benefits and/or challenges encountered during the past 12 months pertaining to the use of the granted funds.**
2. **Please double-click in the table below to enter the expenses paid for this program from 07/01/2016 – 06/30/2017. When finished, click anywhere outside of the table.****  
   If there are any remaining funds from the Foundation, please explain your plans to utilize them by June 30, 2017.**
3. **Any additional comments?**

**Signature and Certification**

I certify that:

All funds from the Catholic Community Foundation were spent, **and**that funds were spent according to the original intent. If changes were made, we received approval from the Foundation.

All funds from the Catholic Community Foundation were not spent, and we will: (choose one)

Submit a proposal for the unused funds, in line with the original intent of the application.

Return $ to the Foundation.

All information presented above is complete and accurate.

Signature:

Print name:

Title:

Date: