**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: