Final Grant Report

### 2017-2018 Grant Cycle

**Program Name**:

**Application Area (highlight/circle one):** Apolonia Andre Fund for Liturgical Music /
Parish Outreach / Parish Stewardship / Pastoral Ministry Training and Formation

**Amount Awarded**:

**Date Grant Awarded**: June 2017

### Reporting Party

**Name**:

**Title**:

**Parish/Organization**:

**Address**:

**City, State, Zip**:

**Phone**:

**Email**:

*Please login to the application portal to review your original application before completing this report.*

*Login at:* ***giving.cfoscc.org/grant-applicant***

### Use of the Grant Money & Success of the Project

1. **Briefly describe your program and how the grant money from the Foundation was spent.**
2. **Were there any changes to the original intent of your request? (View your application(s)** [**online**](https://giving.cfoscc.org/sslpage.aspx?pid=291)**, or contact the Grants Program Manager for assistance at** **galetto@cfoscc.org****)**[ ]  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.**

Short Term Benefits:

Long Term Benefits:

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.**

1. **Please double-click in the table below to enter the expenses paid for this program from 07/01/2017 – 06/30/2018. 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, 2018.**

1. **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:

\*\*You must include **at least one photo** with this report. Please either paste the photo(s) into this Word Document or email them to galetto@cfoscc.org. If you have questions about this policy, please contact the Grants Program Manager.\*\*