Final Grant Report

**This report is due Friday, April 5, 2018 by 11:59pm**

**To submit**, email this report to galetto@cfoscc.org
or mail it to 777 N. 1st Street, Suite 490, San Jose, CA 95112

### 2018-2019 Grant Cycle

**Program Name**:

**Application ID:** #

*In the Applicant Portal (*[***giving.cfoscc.org***](https://giving.cfoscc.org)***/grant-applicant****), ID# is listed on “View Saved Applications” page*

**Application Area (check one):** [ ]  Apolonia Andre Fund for Liturgical Music [ ]  Parish Outreach
 [ ]  Parish Stewardship [ ]  Pastoral Ministry Training and Formation

**Amount Awarded**: $

**Date Grant Awarded**: June 2018

### Reporting Party

**Name**:

**Title**:

**Phone**:

**Email**:

**Parish/Organization**:

**Address**:

**City, State, Zip**:

*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 – What did the program entail? What were your goals at the beginning of the program?**
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
	1. **If yes, please describe:**

* 1. **Did you receive approval from the Foundation for these changes?**
	[ ]  Yes[ ]  No
1. **What were the outcomes of your program? Did you feel the program was a success? What, if anything, would do differently?**
2. **How were the funds from the Foundation’s grant spent? What areas of the project did this money fund?**
3. **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. **Describe any unanticipated benefits and/or challenges encountered during the past 12 months pertaining to the use of the granted funds.**
2. **Any additional comments?**

Please see the next page for the financial chart

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.**

# 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\*\*