Final Grant Report

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

**To submit**, email this report to [galetto@cfoscc.org](mailto: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**](mailto: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](mailto:galetto@cfoscc.org). If you have questions about this policy, please contact the Grants Program Manager\*\*