



THE CATHOLIC
COMMUNITY FOUNDATION
OF SANTA CLARA COUNTY

Final Grant Report

Grant Awarded:

Amount Awarded: _____

Date Grant Awarded: _____

Program/Project: _____

Reporting Party

Name: _____ Title: _____

Parish/Organization: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Email: _____

- 1. Please describe any changes to the original, written intent of your grant request. (Please contact Brianna if you need a copy of your original application.)**

- 2. Approximate the number of individuals both directly and indirectly affected by the grant received from the Foundation.**



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Signatures and Certification

We certify that (please check only one):

We spent all grant funds from the Catholic Foundation, *and* we spent all these funds for the stated purposes of the grant awarded. All information presented above is complete and accurate.

We did *not* spend all grant funds from the Catholic Foundation for the stated purposes of the grant awarded. We will return \$_____ to the Catholic Foundation. (All funds that were *not* spent must be returned to the Catholic Foundation before the end of the current calendar year.) All information presented above is complete and accurate.

Signature: _____

Print name: _____

Title: _____

Date: _____