

TABOR GRANT AWARD PROJECT REPORT

APPLICANT NAME _____		
HOME ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
PHONE _____	EMAIL _____	
APPLICANT PARISH/ORGANIZATION _____		
AFFILIATION/POSITION _____	MINISTRY _____	

Project Title, Date, and Location _____

Other Participating Parishes/Schools/Organizations (if any)

1. Parish/School/Organization: _____
Pastor/Principal/Director: _____
2. Parish/School/Organization: _____
Pastor/Principal/Director: _____

1. Describe how has this award has enabled your ongoing spiritual development and improved your ministry. Was the outcome what you expected?

2. Review your original Budget Form and Budget Narrative. Describe how funds were used and any variance from the original projection.

Amount Requested \$ _____

Amount Granted \$ _____

Any Unused Funds \$ _____

3. Describe any unanticipated problems or concerns, if any, which you encountered during this project or the grant award process.

4. Any additional comments?

Please note that failure to submit this project report within 30 days after the conclusion of the initiative could result in a denial of future funding.

Please e-mail the completed Tabor Grant Project Report to jmontagna@catholiccommunity.org

Or mail to **The Catholic Community Foundation**
Attn: Jean Ann Montagna, Tabor Grant Awards Program
1404 E. Ninth Street, 8th Floor
Cleveland, OH 44114