

**TABOR GRANT AWARD PROGRAM
GRANT REPORT**

A copy of the cover sheet that accompanied the submitted proposal may be copied and substituted for completing this cover sheet below. Questions listed on page two must be answered but it is not a requirement to answer them on the report form itself. If you would like an electronic version of this form, please email your request to jmontagna@catholiccommunity.org. Reports are due 30 days after the conclusion of the project.

Project Title _____

Amount Requested \$ _____

Amount Granted \$ _____

Applicant Name:

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Phone: _____ Email: _____

Pastor./Principal/Director: _____

Phone: _____ E-mail: _____

Contact Person: _____ Phone: _____

E-mail: _____

Education & Formation

Sabbatical

Retreat

Other Participating Parishes/Schools/Organizations

1. Parish/School/Organization: _____

Pastor/Principal/Director: _____

2. Parish/School/Organization: _____

Pastor/Principal/Director: _____

3. Parish/School/Organization: _____

Pastor/Principal/Director: _____

