Diocese of Allentown

**Local Poverty Relief Fund Grant Report**

# Check One:

**\_\_\_\_\_ Interim Report (please check Final Report if all funds are expended.)**

**\_\_\_\_\_ Final Report**

Name and Address of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing Report and Telephone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Amount of grant received:** |  |  |
| Expenses paid from grant *(attach separate list if necessary)* |  |  |
| 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 5)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 6)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |
| **Total expenses to date:** |  |  |
| *Please do not include recipient names or other confidential information* |  |  |
| **Remaining grant funds:** |  |  |
| Please describe your plan to spend the remaining grant funds: | |  |
|  | |  |

Please provide a summary of the activities provided with Poverty Relief Funds to date.

Please describe how the project is working in relationship to the goals and outcomes described in your original grant proposal.

Is there any additional information you would like to provide?

|  |  |
| --- | --- |
| Person Completing Form |  |
| Signature: |  |
| Printed Name: |  |
| Title: |  |
|  |  |
| Organization Leader |  |
| Signature: |  |
| Printed Name: |  |
| Title: |  |
|  |  |
| Pastor (if applicable) |  |
| Signature: |  |
| Printed Name: |  |

Please email to [stewardship@allentowndiocese.org](mailto:stewardship@allentowndiocese.org) or mail to:

# Office of Stewardship & Development

# Attention: Poverty Relief Allocations Committee

Diocese of Allentown

P.O. Box F

Allentown, PA 18105