

**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 or mail to:

Office of Stewardship & Development
Attention: Poverty Relief Allocations Committee
Diocese of Allentown
P.O. Box F
Allentown, PA 18105