

# Catholic Foundation of North Georgia Grant Follow up Report



Spring grants must turn in reports by February 15<sup>th</sup> of the following year.  
Fall grants must turn in reports by July 30<sup>th</sup> of the following year.  
Please fax or mail to the Catholic Foundation of North Georgia.

Grantee Name: \_\_\_\_\_ Grant Cycle: Fall  Spring  Yr 20 \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_ Grant Award: \$ \_\_\_\_\_

Please answer the following questions.

1. What were the outcomes of your program? Were you able to accomplish what you planned in your grant proposal? How effective was this grant in meeting the need stated in the grant application?

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2. Exactly how was the grant money spent?  
a. Was your estimate accurate so that all of the money was spent?  
b. If more grant money was necessary, how did you fund the need or how did you cut back on your plans?

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3. If the CFNGA grant was used for anything other than your originally stated purpose, please explain why. Did you discuss this in advance with CFNGA? Please describe how the project's implementation differed from the plans outlined in your proposal.

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Report Author Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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- We also agree that photos including minors have already been approved for release prior to sharing them with the Catholic Foundation: