

Catholic Campaign for Human Development Final Report Narrative

Mail Completed Form to:
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Or Email to: tchamblee@archindy.org

- **Organizational Name:**
- **Contact Person:**
- **Address:**
- **Phone Number:**
- **Email:**
- **Grant Award Amount:**
- **Closing Grant Date:**

Summary of Activities

- 1) Provide a brief summary of how the organizational and/or initiative goals have been advanced with the help of the CCHD funding during the past grant year.

- 2) Based on the specific objectives that your organization listed on the CCHD local grant application, what project objectives were met?

- 3) Based on the specific objectives that your organization listed on the CCHD local grant application, what project objectives were not met?

- 4) What were your greatest successes during the past grant year?

- 5) What would you do differently based on this year's experiences?

- 6) How did low income people participate in the decision-making and implementations of this project throughout the grant year?

- 7) How have you spent the CCHD local grant award?

- 8) Has your organization received any additional income and/or funding for the project in the last 12 months?

Catholic Church-Related Participation in the CCHD Funded Organizations

Please note that involving Catholics in your organization's efforts is not a requirement for funding.

The mission of the Catholic Campaign for Human Development is to address the root causes of poverty in the United States through promotion and support of community-controlled, self-help organizations and through transformative education. In this regard, CCHD is interested in identifying Catholic clergy, parishes and organizations that are members or that work collaboratively with your CCHD funded organizations.

- 1) Catholic Parish and Organizational Members: List the names of Catholic parishes or other Catholic organizations that are members of your organizations.

- 2) Catholic Clergy: List the names of key Catholic clergy who are involved with your organization's efforts. Indicate their parish affiliation.

- 3) Catholic Partners: List the names of Catholic organizations that act in support of your organization's efforts, but are not members.

**** PLEASE PROVIDE A FINANCIAL REPORT OF YOUR PROJECT EXPENSES.**

I certify that, to the best of my knowledge, all the facts in this report are true and that funds granted by the CCHD were spent as stipulated in the Grant Agreement and all approved revisions. I am aware that this report may be shared with future CCHD local grant committees.

I AGREE: _____

DO NOT AGREE:_____