

Catholic Foundation of North Georgia
Grant Follow up Report

*Spring grants must turn in reports by February 15th of the following year.
Fall grants must turn in reports by July 30th 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: _____ Org EIN: _____

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?

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?

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.

Report Author Name & Title: _____

Signature: _____ Date: _____