



## Grant Report

Grantee:

Award Amount: \$

Purpose:

On August 9, 2024, the Foundation awarded a grant to your organization/ministry. In accordance with the requirements outlined in the Grant Award Agreement, please complete this grant report and return it to the Foundation by **Friday, May 23, 2025**.

1. Is the project completed for which the grant funds were awarded?  
 Yes  No *If no, please attach an explanation.*
2. Did you use the grant solely for costs as outlined in your grant proposal?  
 Yes  No *If no, please note that the grant funds not used for the project described in the "Grant Purpose" above must be returned to the Foundation.*
3. Are copies of your written notice/acknowledgement of the Foundation's grant award in bulletins, newsletters, or other printed materials attached as required by our grant agreement?  Yes  No
4. Please describe the successes (and challenges, if any) of the project. Testimonials and photographs are encouraged and very much appreciated! Attach additional pages if necessary.

By signing below, you attest to the accuracy of the information provided in this grant report.

\_\_\_\_\_  
Pastor/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Council Chair

\_\_\_\_\_  
Date

**Please return the signed report to:**

**Foundation for the Diocese of Helena | PO Box 1729 | Helena, MT 59624.**

Questions can be directed to the Foundation at (406)389-7050 or email [foundation@dohmt.org](mailto:foundation@dohmt.org).

*Thank you!*