

**2017-2018 LIVING THE PROMISE
GRANT CONFIRMATION**

Parish: _____

City: _____



Please use ONE FORM for each grant received

Catholic Schools

Adult Faith Formation

Youth Faith Formation

Parish: _____ Pastor: _____

School: _____ Principal: _____

Amount Requested: \$ _____ Amount Received: \$ _____ Date Received: _____

Project Description:

Comments: _____

The parish included an announcement of the Grant in the church bulletin? Yes No

Projected Expenditures	Actual Expenditures
TOTAL PROJECTED: \$	TOTAL ACTUAL: \$
If actual expenses are less than projected expenses, then enter the amount to be returned here ⇨	\$

Do not include receipt or bill copies with this form. If required, use back of form for additional information/space. The undersigned support and endorse this Grant Confirmation Document as an accurate statement of the expenses associated with the project for which the grant was intended.

Project Director Signature: _____ Date: _____

Pastor Signature: _____ Date: _____

Please return this form postmarked by **DECEMBER 31, 2017** to
 Catholic Foundation for the Diocese of Saint Cloud, 305 7th Ave N, Ste 104, Saint Cloud, MN 56303
 Phone: (320) 258-7653 Fax: (320) 258-0392 Email: jill.lieser@gw.stcdio.org