

The John G. and Marie Stella Kenedy Memorial Foundation

GRANT STATUS REPORT
(Construction and Purchases)
(Revised: June 5, 2014)

Type of Report:

Interim _____

Final _____

KMF Grant Number: _____

Total Grant Amount: _____

Grant Approval Date: _____

1. NAME:

If Applicable, Diocese of: _____

Parish: _____

Parish Department: _____

Address: _____

Telephone Number: _____

Organization: _____

Address: _____

Telephone Number: _____

2. NAME and DESCRIPTION OF PROJECT or PURCHASE:

3. PRIMARY CONTACT INFORMATION

(Name, address, phone number, and e-mail address of person responsible for and who directed purchase or who managed the construction administration).

4. Provide the date the item(s) was purchased or the construction began: _____

5. If a purchase, provide the name and address of vendor, attach copies of receipts of the total cost of the purchase(s). (It is the intent that the attachment reflect the total cost whether funded in whole or in part by the Kenedy Memorial Foundation).

6. If a construction project, please provide the name, phone number, and e-mail address of the architect and of the selected contractor, and a copy of the final contract budget:

7. If construction, what is the projected or budgeted annual cost to operate and maintain the project following completion? _____

8. How many people are currently directly benefiting from the new project? _____

9. Please include a brief narrative and pictures if possible (limit to 5 and please do not send CDs) of what was accomplished by receiving this grant and how it impacted your organization:

10. Have all grant funds been expended? Yes No

If answer is "No", please state amount not expended: \$ _____ and state the date you anticipate the remaining funds will be expended: _____

11. Were all grant funds expended for the purpose stated and set forth in the grant application and agreement? Yes No

(NOTE: If the project has been completed and there are remaining grant funds, such unused funds MUST be returned to the Kenedy Memorial Foundation).

Date: _____

**Grantee Representative who will be
Responsible for carrying out the day to day
Activities of the Grant Project
(Signature and Typed)**

Date: _____

**Grantee Representative with the Authority to
Contract (Bishop of the Diocese, Board Chair
Or President not employed with Organization)
(Signature and Typed)**

The John G. and Marie Stella Kenedy Memorial Foundation
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