

The John G. and Marie Stella Kenedy Memorial Foundation

GRANT STATUS REPORT

(Programs and Events)

(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. DESCRIPTION OF PROGRAM:

3. PRIMARY CONTACT INFORMATION:

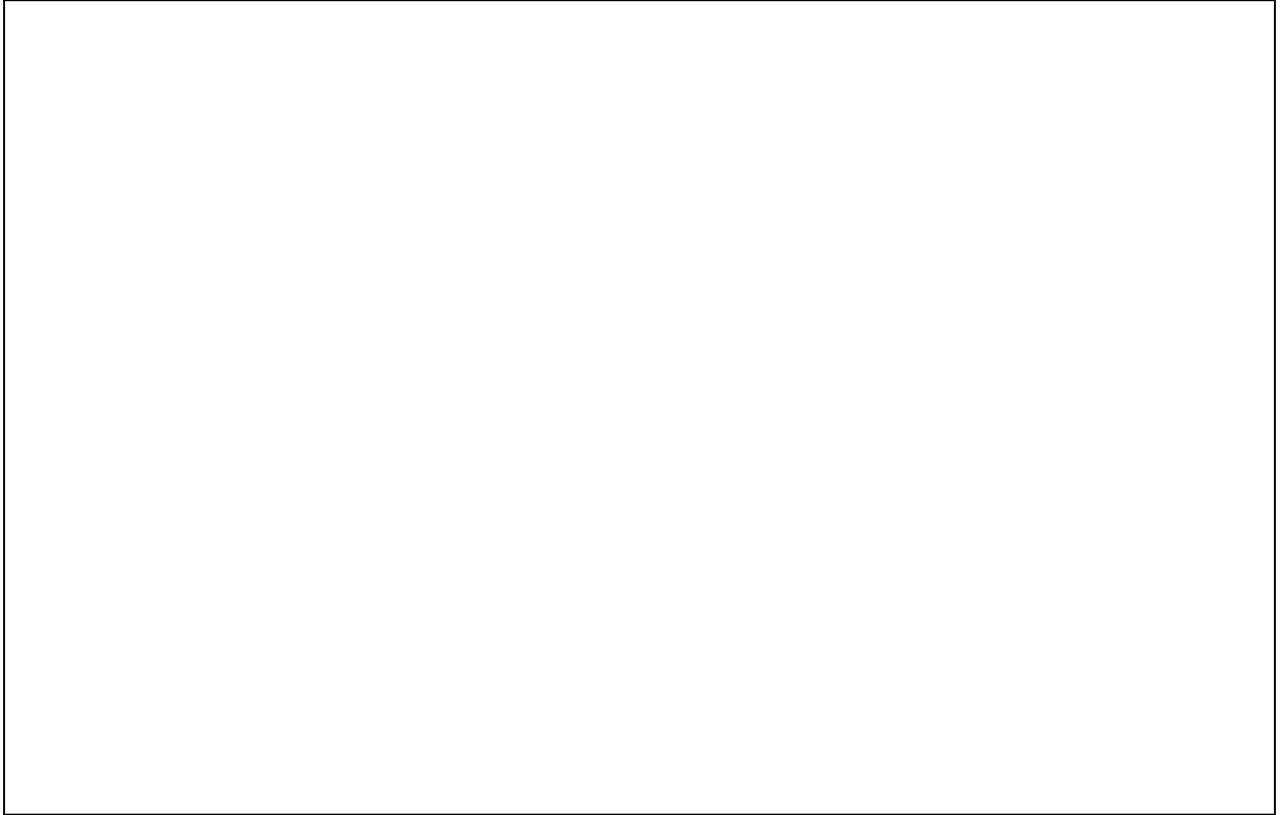
(Name, address, phone number, and e-mail address of person responsible for and who directs the day to day activities of the program or activity):

4. Please attach a copy of the current budget and financial statement for the department or entity conducting the program or activity for the fiscal year or years in which grant funds were expended:
5. If the program or activity is to be continued beyond the current fiscal year, how will the program be funded?

6. If the program or activity was funded by sources other than the Kenedy Memorial Foundation, give the sources and amounts of the additional funding:

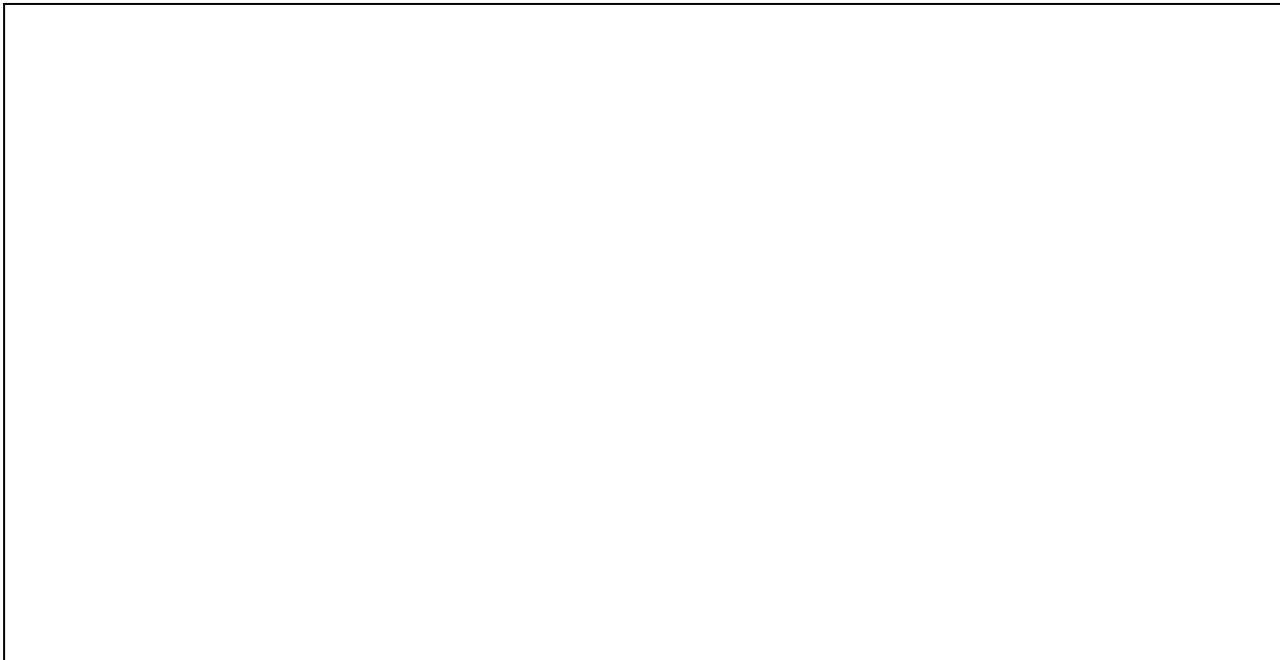
7. How many people are currently directly benefiting from the program or activity funded by the grant from the Kenedy Memorial Foundation? _____

8. Please attach 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:



9. **(APPLIES ONLY TO UNIVERSITIES)**

Please list each recipient, recipient's hometown and high school attended:



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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