



NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL[®], INC.

Friends of the Poor[®] Grant Summary Report

Submit this signed form and any additional attachments within 6 months of receiving your Grant funds. A cover letter is not required. We will not consider further Grant requests until this report has been submitted.

Conference Name _____

City, State, and Zip _____

Conference President _____

Report Contact & Title (If not Conference President) _____

Phone _____

Email _____

Dates Covered by This Report _____

Grant Amount _____

Region _____

Program/Project Name (If applicable) _____

Progress Update

Give as many details as possible about the progress made during this Grant period. You may add an additional sheet with more information, if you wish.

1. Has the Grant expanded or made a difference in the quality of services that you provide and/or in your organizational effectiveness? If so, in what way(s)? If not, what circumstances or obstacles impeded or limited your work?

2. What **impact** did the Grant have on the population you serve? Your staff? The community? How many families and individuals were you able to assist? Was this one-time assistance? **Please state how many have been affected/impacted by the Grant.**

3. **Budget.** Please indicate how much of the Grant award has been used, and how you plan to use any remaining funds.

4. **Success Story.** Tell us how the Grant funds have changed someone's life.

By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

National Council of the United States Society of St. Vincent de Paul, Inc.

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