



# Southern African Catholic Bishops' Conference Bishops' Lenten Appeal.

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REPORT ON USE OF GRANT: Ref. No. \_\_\_\_\_

Please submit this questionnaire regarding the activities funded by the grant received from program/project end date. You may reproduce this form on your computer or type in the requested information.

### **Organisation Information**

Organisation's Legal Name: \_\_\_\_\_

Name/Title of the Person Completing Report \_\_\_\_\_

Contact Details:

(P): \_\_\_\_\_ (F) \_\_\_\_\_ (Email) \_\_\_\_\_

Grant Date \_\_\_\_\_ Approved Grant Amount R \_\_\_\_\_

Amount Received from Other Sources: \_\_\_\_\_

### **Questionnaire**

Please compare the program as it was actually carried out with the original grant proposal

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What is your assessment of the impact of the program/project on the community/people you serve?

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What do/did you do to promote the Bishop's Lenten Appeal?

Please attach any other appropriate documentation that details your expenditure of the grant (receipts, press clippings, annual report, etc).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date