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Parish Based Faith Formation Grant
End of Year Report

Parish Information

Parish Name, Pastoral Region   *Pastor*

Parish Address

Phone   *Email*

Contact Person Information

First Name   *Last Name*   *Position*

Phone Number   *Email Address*

Parish Initiative

Initiative Title:

Amount Received: [   ]

Initiative Summary: Please describe the faith formation initiative that was funded through this year's grant. Please explain how it served your parish community.

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<u>Observable Outcomes</u>

Please describe areas of success for this proposed initiative.

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Please describe areas of challenge that you faced for the proposed initiative. Please explain if you were unable to utilize the funds provided and why.

Who were the key players involved in executing this initiative?

How many people in your parish would you say participated in this faith formation initiative? (Estimations are fine.)

Is this initiative something that will be sustained in your parish after the Faith Formation Grant Cycle?

Signature of Pastor

Parish Faith Formation Grant End of Year Review 23/24

Activity/Item Description	Amount Received	Actual Cost *(estimations are acceptable if needed)*
Curriculum/Program		
Books		
Speakers		

Food/Refreshments		
Subscriptions		
Lodging/Rental Space		

Travel		
Technology/General supplies		
Total		