Seeds of Faith • Faith Formation Endowment

**Catholic Foundation of Southern Minnesota**

**Funding Report**

Ministry-based Projects for Individuals

**General Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish/School/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funded Education/Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Report**

Following the completion of the continuing education experience for which funding was provided, please attach a brief narrative description (in one page or less) of:

* + - * Completed budget including all expenses and income, including registration fees, travel expenses, materials, etc.
      * How the funded education/training went.
      * How the funded education/training will be of benefit to the ministry of your institution.

This report should be submitted within two weeks of the date on which you completed your grant-related activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form, with the attached narrative description, to:

**Monica Herman, Executive Director**

**Catholic Foundation of Southern Minnesota**

**P.O. Box 30098**

**Winona, MN 55987**

**Phone: (507) 858-1276**

**Fax: (507) 454-8106**

**E-mail: mherman@catholicfsmn.org**

