Diocesan Home Mission Program

**Catholic Diocese of Richmond**

**2024 Final Report for Grant Awards**

**-Please print or type-**

Home Mission Parish Name:

Address:

Contact Person:

Pastor:

Phone Number: Email:

Project:

Summary of Home Mission Grant use (Be as specific as possible):

Grant Amount Received: **$**

Grant Spent: **$**

Excess Funds Returned: **$**

Supporting Documents Attached:

(i.e.. Receipts, canceled checks, paid invoices and other supporting documents)

Report Due: **30 days after the expenditure of funds, or prior to next grant submission.**

Name: (*printed*) Title:

Signature: Date:

Please send this completed form to Deacon Bob Young - via e-mail: [byoung@richmonddiocese.org](mailto:byoung@richmonddiocese.org)

Or via U.S. mail to: Catholic Diocese of Richmond

7800 Carousel Lane.

Richmond, VA 23294