

If you are reporting on Short Term Disaster Assistance Grants (up to \$10,000):

Complete the Disaster Grant Report to document activities and provide full use of funds no later than 6 months following the award date. Please complete all sections unless otherwise indicated.

(Note: No new grants or additional grant disbursements on existing grants can be made if the Grantee agency fails to provide such reports and documentation. **If you are reporting on:**

Long Term Relief and Recovery Grants (LTRRG) (over \$10,000):

Quarterly and final reports are required for all Long Term Relief and Recovery Grants through the entire granting period approved. Please complete all sections of the Disaster Grant Report unless otherwise indicated. Grant disbursements are made in 3 increments of the approved amount (40%, 40%, and 20%.) If you are requesting a subsequent grant disbursement, please complete and submit the grant report along with a completed Disbursement Request Form – found on the last page of this document. Reports should not be combined for multiple grants without the previous approval of the CCUSA Disaster Operations Office. The quarterly reporting schedule for LTRRG is identified below:

If you are submitting a Final Report:

- Upon completion of the grant program/project, if the total grant amount expended is less than the approved grant amount, the remaining difference should be returned to CCUSA with a check attached to this report.

Quarterly Report Schedule (Long Term Grants Only)

Quarter	Q1 March 30	Q2 June 30	Q3 Sept 30	Q4 Dec 30
Period Covered	Jan – March	April – June	July – Sept	Oct - Dec
Report Due at CCUSA	No Later than April 15	No later than July 15	No later than Oct 15	No later than Jan 15

PART 1: AGENCY INFORMATION

Agency Name:

Agency Executive Director:

Programmatic Contact:

Agency Mailing Address:

City:

State:

Zip:

Phone Number (s):

Fax:

Email Executive Director:

Email Programmatic Contact:

PART 2: GRANT AND REPORT INFORMATION

Grant Number:

Report Date:

Report Type (Quarterly or Final)

Dates covered by Report:

Type of Disaster:

Date of Disaster:

Total Amount Approved:

Amount Received to Date:

Amount Expended to Date:

Projected Completion Date:

PART 3: PROGRAMMATIC INFORMATION

Provide narrative response for the following questions. Submit no more than 3 pages. If submitting a quarterly report, include information for this period only.

Is this grant-funded program and/or project on schedule and on budget? Please attach supporting information or include specifics in the “expenditure” portion of this report.

Working to Reduce Poverty in America.

Identify your primary activities completed this quarter only:

What issues or challenges emerged in providing services? How did you address these issues?

Describe any changes you made in project design in response to client needs:

Describe your coordination activities with other disaster and community organizations:

Share a success story that this grant has made possible or supported:

As appropriate attach press clippings that relate to your program that CCUSA has supported with financial resources

How can CCUSA assist you further?

PERSONS SERVED

Service Population by Categories	This Quarter/ Period Only	Total To-Date
Number of Children Served (under 18)		
Number of Adults Served (18-64)		
Number of Seniors Served (65+)		
Total <u>Unduplicated</u> Persons Served (sum above)		

NUMBER OF HOUSEHOLDS TO WHOM THE FOLLOWING SERVICES WERE PROVIDED

Direct Assistance/Basic Needs		
Healthcare/Quality of Life		
Programs to Support Recovery		
Rebuilding		

DEMOGRAPHIC INFORMATION

THIS QUARTER/PERIOD

TOTAL TO-DATE

Number Reporting a Disability	Individuals:	Households:	Individuals:	Households:
	0	0	34	30
Number of Non-US Citizens	Individuals:	Households:	Individuals:	Households:
	0	0	0	0

Working to Reduce Poverty in America.

Number Below Poverty Line Existing Poverty Line for Individuals: \$11,170 Existing Poverty Line for Family of Four: 23,050	Individuals: 1	Households: 1	Individuals: 58	Households: 16
Number Receiving Public Assistance	Individuals: 0	Households: 0	Individuals: 74	Households: 30
HOUSEHOLD ETHNICITY				
	# of Individuals	% of Client base	# of Individuals	% of Client base
Black or African American	8	26	32	25
Hispanic or Latino	0	0	0	0
White	1	46	91	57.9
American Indian/Alaska Native	0	0	3	2.3
Asian, Native Hawaiian, Pacific Islander	0	0	0	0
Not Reporting Ethnicity	0	0	30	23.81
VOLUNTEER NUMBERS				
	THIS QUARTER/PERIOD		TOTAL TO-DATE	
Number of volunteers participating				
Number of volunteer hours				
SUMMARY OF GRANT EXPENDITURES				
FUNDING	BUDGETED AMOUNT	AMOUNT EXPENDED THIS PERIOD	AMOUNT EXPENDED ENTIRE GRANT	SPENDING PROJECTED NEXT QUARTER
STAFFING AND OTHER INDIRECT COSTS:				
Counseling or DCM				
Administrative Costs				
Professional Staff				
Staff Support				
Other Admin Costs				
DIRECT ASSISTANCE/BASIC NEEDS				
Food				
Shelter/Housing				
Transportation				
Minor Home Repair				
Household Goods/Supplies				
Financial Assistance/Gift Cards				
Utilities				
Storage/Warehousing				
Childcare				

Working to Reduce Poverty in America.

FUNDING	BUDGETED AMOUNT	AMOUNT EXPENDED THIS PERIOD	AMOUNT EXPENDED ENTIRE GRANT	SPENDING PROJECTED NEXT QUARTER
HEALTHCARE--QUALITY OF LIFE				
Healthcare				
Mental Health Care/Counseling				
PROGRAMS TO SUPPORT RECOVERY				
Employment				
Education/Training				
REBUILDING				
Construction Materials				
Gutting/Demolition/Debris				
Construction: Labor				
Volunteer: Labor Supervision				
Other				
Total				

PART 7: SIGNATURES

BY SIGNATURE I ATTEST THAT THE INFORMATION INCLUDED IN THIS REPORT ACCURATELY REFLECTS THE USE OF GRANT FUNDS PROVIDED BY CATHOLIC CHARITIES USA.

Diocesan Director	Date
(Arch) Bishop (or his designee)	Date

By checking this box, you agree that any content or information provided as part of this application and future reports becomes the property of CCUSA and may be used without limitations online and in print.



**Long Term Grant Installment Request
Catholic Charities USA Disaster Operations**

LONG TERM RELIEF AND RECOVERY GRANTS ONLY: Grant disbursements will not be issued without required reports. Complete this section only if you are requesting a grant disbursement.

AGENCY INFORMATION	
(Arch) Diocese Name:	
Agency Name:	
Name of Authorized Signatory:	
Programmatic Contact:	
FUNDING INFORMATION	
Total Grant Amount	\$
Total Grant Amount Received to Date	\$
Total Grant Amount Expended to Date	
Amount of Payment Request	\$
If funding for LTRR grants is not requested at this time, please provide projected date that additional monies will be required	Date:
FINANCIAL INFORMATION	
Please note: All of the following information must be completed in order for CCUSA to process your funding request.	
Name of Bank	
Bank Mailing Address	
Name on Account	
Account Number	
ABA Number	
All Long Term Grant Installments are Provided via check. Please mark box in acknowledgement. <input type="checkbox"/> Check	
Please provide the contact information for the person at your agency responsible for financial transactions	
Name	Phone
	Email:
PAYMENT REQUEST AUTHORIZATION SIGNATURE	
Signature	Date of Request