

For Office Use – Date Received: _____

Diocese of Ogdensburg 2018 Respect Life Grant Report

RECIPIENT: _____	GRANT AMOUNT: _____	REMAINING BALANCE of GRANT: _____
Purpose of Grant: _____ _____	Goal fulfilled? _____ _____	Will you reapply? _____ _____

* *Please attach list of expenses and income including the remaining balance of the grant (if any) and how it will be spent.

Please share benefits or hardships associated with this endeavor:

Additional comments:

Submitted by: _____

Date: _____

*****Please submit this form to the Respect Life Office 175 Lake Street Saranac Lake NY 12983, by January 31, 2019 . Thank you.