

**Ministries Helping Others Grant
After Action Report**

Name of Project/Event _____

Date of Project/Event _____

Number of attendees (if applicable) _____

Amount of funds provided by Ministries Helping Others grant _____

Total cost of Project/Event: _____

- Please include the estimated value of any donations received, monies generated through fundraisers and/or funds used from your ministry's treasury in the total cost.

- Please provide an itemized list and cost of supplies/equipment purchased for the Project/Event.

Did the Project/Event meet your projected goals and objectives (desired outcome)? Please explain.

Name of grant applicant _____

Signature _____ Date _____

[Please send one copy of the After Action Report to: the parish Business Manager, the Pastor, and the Pastoral Council within thirty (30) days of your Project/Event.]