

People In Need Grant

GRANT REPORT FORM



PIN Grant # _____ Date of Grant _____ Grant Amount _____

Organization Name _____

Please group all expenditures of PIN grant dollars by categories:

1. Housing (rent, mortgage payments, repairs, security deposits) \$ _____
2. Medical (doctor visits, prescriptions, medical supplies, equipment, hospital and medical bills, hospitalization insurance) \$ _____
3. Food \$ _____
4. Transportation (car repairs, car payments, bus tickets, gas, car rentals, cab fares) \$ _____
5. Utilities (water, gas, electric, local telephone, utility fees and deposits) \$ _____
6. Education (tuition, books, fees, summer camp fees) \$ _____
7. Clothing \$ _____
8. Other Emergencies and Temporary Relief Efforts \$ _____

Total Amount Paid Out \$ _____

SIGNATURE OF AUTHORIZED PERSONS

Our signatures certify that the information above is accurate. Our signatures are made as persons who are authorized to do so on behalf of the applying organization.

Clergy Name _____ Email _____

Title _____ Date _____

Laity Name _____ Email _____

Title _____ Date _____

(Chair, Treasurer, Deacon, Ward, etc.)

How much funding do you have available to help the needy and who provided it?

Jessie Ball duPont Fund \$ _____

Your congregation \$ _____

Other Donations \$ _____

Total Amount \$ _____

Please tell us about your work in support of People In Need in Your Community

(Please submit your responses on a separate sheet of paper)

1. **How have your community's needs changed during the past 12 months?**
2. **What screening process does your congregation use for applicants to People-in-Need funds?**
3. **Outside of direct financial aid, does your congregation provide or support services to needy persons? (e.g. feeding program, clothing closet, home repair program, etc.)**