

GRANT PROGRESS REPORT
Franciscan Friars of Holy Name Province May Bonfils Stanton Memorial Trust

Please complete and return the Progress Report prior to April 15th:

MAY BONFILS GRANT ADMINISTRATOR
HOLY NAME PROVINCE
129 West 31st Street – 2nd Floor
NEW YORK NY 10001-3403 -or- E-Mail: MBAdmin@hnp.org

Name of Project or Program: _____ Grant Amount: \$ _____

Name of Organization: _____

Address of Organization: _____

Organization Telephone #: _____ ext _____ Organization Fax #: _____

Web Site: _____

Contact Person: _____

Contact Telephone #: _____ ext _____ Contact Fax #: _____

Email: _____

1) Please state the use of the May Bonfils Grant funds to date:

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2) Did you achieve the goals as stated in your grant application? Please explain briefly.

3) Do you project a grant balance remaining at the end of June? How much? \$ _____

4) Please attach the Project Accounting form.
