**Catholic Campaign for Human Development**

Archdiocese of Cincinnati

MID YEAR REPORT – 2023-2024 Locally Funded Projects

Report to be emailed by **Friday, January 12, 2024**

It is important that this report be submitted in a timely manner.  
The grant review panel for future applications will be advised of your promptness in submitting the report.

Please limit responses to the space available on the application except where indicated.

Use the keys Tab and Shift-Tab to move from entry field to entry field.

**1. Organizational Data**

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| --- | --- | --- | --- |
| Organization Data | | Contact Person’s Data | |
| Name: |  | Person: |  |
| Address: |  | Address: |  |
| City State ZIP: |  | City State ZIP: |  |
| Phone Number: |  | Phone Number: |  |
| Grant Award: |  | E-Mail: |  |

**2. Income and Expenses.**

(a) Have you received any additional income for the project in the last six months? If so, please identify the source and the amounts.

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| (b) How have you spent the grant award in the last six months? | |  |
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**3. Meeting Objectives**

List the objectives for your project as on question (A)(4) of your CCHD Application for Local Funding. Indicate whether these objectives have been accomplished. If objectives have not been accomplished, please explain why. Use additional space if necessary.

**Objective 1:**

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| Steps to be Taken | Timetable (as per application) | Progress Made |
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**Objective 2:**

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| Steps to be Taken | Timetable (as per application) | Progress Made |
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**Objective 3:**

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| --- | --- | --- |
| Steps to be Taken | Timetable (as per application) | Progress Made |
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**4. Progress**

(a) What did you see are the strengths of this project to date?

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(b) What challenges did you face in accomplishing your objectives in the last six months? How will you address these over the next six months?

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(c) How did low income people participate in the decision-making and implementation of this project in the last six months?

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**5. Project Documentation**

Provide the following materials, if applicable, that document the work of your project. Please type the name of your organization and the project title on each item.

* Program brochure or flyer
* Newspaper clippings
* Photographs (please identify the people in the photo if possible, and the photographer)
* Evaluation and feedback forms used for your activities

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I certify that, to the best of my knowledge, all the facts in this report are true and that funds granted by the CCHD were spent as stipulated in the Grant Agreement and all approved revisions. I am aware that this report may be shared with future grant panels and that the data provided may be dues by the Archdiocesan CCHD publications.

Signature of Project Director Title

Typed Name Date