**Christ Church Cathedral Women**

**Grant Follow-Up Form**

*To be completed by Program Director or Grant Administrator*

*within 60 days after the Program/Project completion date*

Date:

Name of Organization:

Name of your project/program:

Detail the accomplishments of your project/program:

How have you measured the success of the project/program?

Approximately how many people benefitted from this project/program?

Did you encounter obstacles to achieving your objective? If so, please explain.

Please comment on the Cathedral Women granting process.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this form to:*

Christ Church Cathedral

Attn.: Cathedral Women

125 Monument Circle

Indianapolis, IN 46204

Or e-mail to: [strawberryfestivalgrants@gmail.com](mailto:strawberryfestivalgrants@gmail.com)