

**PENNIES FOR HUNGER/TWO CENTS-A-MEAL PROGRAM FOR SALEM PRESBYTERY
ACCOUNTABILITY REPORT FROM GRANT RECIPIENTS**

NAME OF PROJECT _____

ADDRESS _____

PRINCIPAL CONTACT PERSON _____ PHONE _____

CHURCH ENDORSING PROJECT _____

AMOUNT OF GRANT _____ GRANT YEAR: FROM _____ TO _____

PURPOSE FOR WHICH GRANT WAS GIVEN _____

1. Total Grant Money expended: \$ _____
Please attach a copy of appropriate financial report(s). **If any money has not been used, please return it to the Fund** (see Item 7 of the Guidelines).

2. Brief description as to how money was used. Please be as specific as possible, including who was assisted, number of persons assisted, what was provided, why it was needed, etc.

3. How did this grant fit in with the overall purpose of your agency; how did it enable the project to be more effective?

4. Please give any other information you think may be of help to the Salem Presbytery Hunger Committee as they administer the "Two Cents-A-Meal" grant money. We will appreciate illustrations that we can use in our publicity to the supporting churches.

Please limit your responses to this sheet, where possible.

Person making report _____ Title _____

Date _____ This report should be mailed no later than _____

Mail to: Hunger Action Advocate
 Salem Presbytery
 P. O. Box 1763
 Clemmons, NC 27012

A copy of the report will be mailed to the endorsing Church Session of the grant request. Questions may be directed to the Hunger Action Advocate at (336)766-3393.