



Application ID _____

Supporting the apostolic works of
Catholic sisters in their service to the poor

MONITOR/GUARANTOR REPORT FORM

Please provide your responses in ENGLISH.

1. Describe your relationship to the Primary Sister Contact.
2. How have you become more familiar with the project in the past year?
3. How were the grant funds used?
4. What groups or individuals are the primary beneficiaries of the grant?
5. How involved is the congregation in this grant (i.e., number of sisters participating, interaction with the local community, etc.)?
6. Were there any changes from the original purpose of the grant? If so, describe why changes were necessary.
7. Did you meet with any direct beneficiaries of this project (besides the Primary Sister Contact and the Congregation)? If so, what did they say made an impact on their lives?

8. Without this project, how would the lives of the people served be different?

9. What suggestions would you give to the Primary Sister Contact about the future of this project?

I attest to the fact that the above monitor report is accurate and true to the best of my knowledge.

Full Name (Printed)

Signature

Date