

EMERGENCY ASSISTANCE PROGRAM REPORT

Grant Number 20080301	Diocese: Diocese of Iowa
Organization Name (if different):	Organization Contact
Organization Contact Phone:	Organization Contact E-mail:
Reporting Period:	Date received:

What were your main activities this reporting period?

How many people received each type of service?

# of Individuals	# of Families	# of Women	# of Men	# of Children	# Other targeted group

What went well with the assistance you provided?

What did not go well? What obstacles did you encounter?

Did you work in conjunction with other community, state, or federal organizations? Yes _____ No _____ Which organizations?

Is there any additional information/assistance you would have found helpful?

During this reporting period, did you meet the milestones outlined in your program planning worksheet? If not, why not, and what will be the new date for completion?

Did you spend all of the program funds during this period? Please report what has been spent below.

EMERGENCY ASSISTANCE WORKSHEET AND REPORTING FORM

	Budget	Actual
Emergency Service Expenses		
Food		
Temporary Shelter		
Clothing		
First Aid supplies		
Transportation		
Communications		
Emergency repair measures		
Other emergency materials/services		
Emergency related office expenses		
Total Emergency Services Expenses		
TOTAL		

If there are remaining funds, please indicate for what purpose they would be used.