

**NATIONAL RELIGIOUS RETIREMENT OFFICE**

\_\_\_\_\_ **Grant Year**

**Special Assistance Grant Accountability Form**

NAME OF INSTITUTE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (        ) \_\_\_\_\_ ARCH/DIOCESE \_\_\_\_\_

NAME OF MAJOR SUPERIOR: \_\_\_\_\_

CONTACT PERSON FOR GRANT: \_\_\_\_\_

AMOUNT OF GRANT: \_\_\_\_\_ CONG. ID NUMBER: \_\_\_\_\_

DESCRIBE WHAT WAS DONE:

WHO ACCOMPLISHED THIS: (Please name consultants if any were involved)

WHAT WAS THE FINAL COST?

WHAT WERE THE RESULTS?

WHAT WAS THE IMPACT ON RETIREMENT PLANNING?

WHAT COULD BE RECOMMENDED TO ANOTHER GROUP ATTEMPTING A SIMILAR EFFORT?

ANY OTHER COMMENTS THAT YOU FEEL WOULD BE BENEFICIAL.

PERSON COMPLETING ACCOUNTIBILITY REPORT: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_