



Office of Social Concerns and Advocacy  
 Catholic Charities Diocese of Charlotte  
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**LOCAL CCHD GRANT EVALUATION FORM FOR GRANTS RECEIVED IN 2024**

**A completed evaluation, including a grant funds expenditure report, must be returned by grant recipients seeking second year grant funding by February 15, 2024. Applications for second year grant funding will not be considered without an evaluation on file. If not seeking renewed funding, please send this completed form by May 15, 2025.**

PROJECT NAME: \_\_\_\_\_  
 ORGANIZATION NAME: \_\_\_\_\_  
 BRIEF DESCRIPTION OF PROJECT:

Major need/problem project addressed	
Project Goal(s) (in quantifiable terms)	
Project Method (activities/volunteers/staff)	
Project Outcome(s)	

How was the low-income group that benefited from the project involved in project planning, implementation & decision-making?

\_\_\_\_\_  
 \_\_\_\_\_

Project Contact Name: \_\_\_\_\_

Project Contact Address: \_\_\_\_\_

Project Contact Signature and Date of Evaluation Completion: \_\_\_\_\_

**► With this completed evaluation, please provide a copy of the project budget showing how Local CCHD grant monies were spent. ◀**

**Return this form with budget report to Joseph T. Purello, Catholic Charities (contact information is above). Evaluation may either be sent separately or may accompany a new Local CCHD Grant application.**