**SOCIETY OF THE SACRED HEART**

**DUCHESNE FUND FOR MINISTRY INTERIM REPORT FORM 2025**

**Title of Project:** Click here to enter text.

**Name of Organization:** Click here to enter text.

**Address:** Click here to enter text.

**Project Director:** Click here to enter text.

**Email:** Click here to enter text.

Write a brief statement of what has been done in the implementation of the project so far and what remains to be accomplished.

Click here to enter text.

**Financial Accountability for use of Duchesne Fund Grant**

|  |  |  |
| --- | --- | --- |
| **Expense Category** | **Actual Expenditure to Date** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total Spent to Date** | **$0.00** |
|  |  |  |
| **Grant Received** |  | **$0.00** |
| **Balance Remaining** |  | **$0.00** |

**Signature of Project Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Signature of Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

***Send completed form to Duchesne Fund for Ministry, c/o Lisa Terneus, 4120 Forest Park Avenue, St. Louis, Missouri 63108 or e-mail to:*** [***lterneus@rscj.org***](mailto:chaggarty@rscj.org) ***with your new application.***