

# -Quarterly Grant Progress Report (QGPR) - xxx 1, 2015 to xxx 31, 2015 (time period varies as to when grant was made)

This Quarterly Grant Progress narrative report covers progress made over this quarter on the Rapid Response Grant. This report should be submitted online **no later than 15 days past the end of the quarter**. Please submit the signed QGRR and attachments to Elizabeth Disco-Shearer, COO Disaster Services Division at [ldisco@svsdpdisaster.org](mailto:ldisco@svsdpdisaster.org).

Is this the First Quarterly Grant Report for your Council's/Conference's Grant? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				
What dates does this Report Cover?	From		To	
<b>Comments:</b>				
<b>1. GENERAL SVDP INFORMATION</b>				
Council/Conference name				
Council/Conference address				
Council/Conference Telephone number				
Council website				
<b>2. POINT OF CONTACT INFORMATION</b>				
<b>Council/Conference Grant Contact</b>				
Name of person				
Position and/or grant role				
Email address				
Primary phone number				
Secondary phone number				
<b>Disaster Division Grant Contact</b>				
Name of person	Elizabeth Disco-Shearer			
Primary phone number	(214) 717-1802			
Email address	ldisco@svdpdisaster.org			

### 3. GENERAL PROJECT INFORMATION

<b>Project focus area</b> (choose from one or more of the categories)	<input type="checkbox"/> Direct Client Assistance for Recovery <input type="checkbox"/> Disaster Case Management at the Multiple Agency Resource Center, Disaster Recovery Center or Parish Center	<input type="checkbox"/> House in a Box <input type="checkbox"/> Warehouse Logistics <input type="checkbox"/> Other _____
<b>Grant start date</b>		
<b>Grant end date</b>		

### 4. GRANT FUNDS RECEIVED TO DATE

<b>Total funds received from outside sources*</b>	
<b>Total funds received from SVDP Disaster Grant</b>	
<b>Total funds received**</b>	
<b>Total funds disbursed</b>	
<b>Unexpended funds balance</b>	

\* Note outside funding is to be used prior to the disbursement of SVDP funding.\* \*\*Total of funds from SVDP Disaster Fund and all other sources.

### 5. FINANCIAL REPORTING

<b>Expense Report</b>	Attach a copy of your Project Budget with actuals to date.
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### 6. PROJECT REPORTING NARRATIVE

<b>Project Narrative</b> <i>Complete the Project Narrative questions below for this quarter.</i>
A. Describe the progress made over this quarter toward the grant objectives ( <i>How has your Council/Conference helped affected families and individuals in your community impacted by this disaster?</i> )
B. What difference did this grant make in your community, Diocese or parish for the population you are serving? Please discuss any evidence of effect and provide relevant supporting information ( <i>client stories, pictures, etc</i> ).For example did it help families stay out of situational poverty?
C. Describe what you learned based on the results/outcomes you reported above and what, if any, programmatic or organizational changes you will make based on your results/outcomes.
D. Did external or environmental factors (e.g. an economic downturn, a parish or VOAD organization stopped providing services, etc.) affect the achievement of your Council/Conference goals or the anticipated timeline? If yes, what did you do to address these issues?
G. Describe how this grant assisted your Council/Conference in developing new or strengthening existing partnerships/relationships with other organizations and/or funders. Include the name of the partner/funder, a brief description of the partnership and if it is a new relationship or an existing one. Also list how many volunteers and volunteers hours you had this quarter.
H. Describe and provide examples of the types of publicity the work supported by this project has received. ( <i>include links and/or copies, etc. where possible and appropriate</i> )

Society of St. Vincent de Paul-Disaster Services Division

**Please provide a quote from your Council/Conference that best describes the positive impact of this grant.\***

**7. SIGNATURE OF AUTHORIZED Council/Conference Representative**

**Name of Authorized Representative**

**Position**

**Phone Number**

**Email\***

This report should be submitted within **14 days** after the first quarter that the funds were received or upon completion of the funds.  
For any questions please email [ldisco@svdpdisaster.org](mailto:ldisco@svdpdisaster.org) or call 214/717-1802