



THE EPISCOPAL DIOCESE OF EAST TENNESSEE

Reconciling All Things in Christ

Opportunity Fund Social Ministries Grant Evaluation Form

Grant Recipient: _____

Contact Person: _____

Address: _____

City: _____ State: _____

Phone: _____

Amount of Grant: _____

Did your organization spend the money as requested in the grant application?

Yes (Please include documentation of expenditures)

No (Please attach amplification)

I certify that the above information is true and correct to the best of my knowledge and belief.

Print Name: _____ Title: _____

Signature: _____ Date: _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature of sponsoring organization contact person: _____

Date: _____

Please return this form within thirty calendar days of the completion of the project or expenditure of the grant monies.

Diocese of East Tennessee
Opportunity Fund Committee Chairperson
814 Episcopal School Way
Knoxville, TN 37932