

DeVany Fund Grantee Report

If you wish to report electronically, please e-mail a request to _____. You will be sent an electronic form to submit by e-mail

1. Name of organization:
2. Name of project:
3. Project Contact Person and Phone Number:
4. Amount of grant:
5. Describe the proposed project including goals and objectives, activities proposed, timeframes, etc.

6. Referring back to your proposal, describe your accomplishments towards your stated goals and objectives for this grant.

7. How many people were involved in doing/completing the funded project:
Staff: _____
Volunteers: _____

8. How many people benefited from the project:

Cathedral Community
IMAGE USE RELEASE FORM – DEVANY FUND

Grant applicants are encouraged to submit photographs of Devany Fund supported activities for possible use in newsletters, report to the Trustees, display board at the Cathedral or website. An IMAGE USE RELEASE FORM must be completed by each person (or parent/guardian for children) in your photograph to be considered for use.

I, _____, hereby attest that I am the person (or owner of the property if non-human subject matter) indicated on the attached photograph. I freely grant the Cathedral Community irrevocable permission to publish this image, in whole or in part and for length of time determined by the Cathedral Community, on their website or in their newsletter without remuneration. I understand that the picture will be used, in conjunction with other images, to represent donors, grantees, or community initiatives. I warrant that said picture is free of any abuse of copyright laws. I will hold harmless the aforementioned Cathedral Community from any liability by virtue of any distortion or alteration unless it can be proven that such alterations and/or distortions were done with malicious intent.

I have read and fully understand the contents of this release. I declare that I am over the age of 18 years and am fully competent to sign this release on my own behalf.

Printed Name _____

Address _____

City _____ State _____ Zip _____

Written Signature _____ Date _____

Witness Signature _____ Date _____

Release for Parent/Guardian of Minor Child (under age 18)

I do attest that I am the parent or legal guardian of the above named minor child, and have legal authority to sign this release on his/her behalf. I have read and fully understand the contents of this release, and consent to the use of said photograph based on the contents thereof.

Parent/Legal Guardian Name _____

Parent/ Legal Guardian Signature _____ Date _____

Witness Signature _____ Date _____