



**Salem Presbytery  
Domestic Hunger Funds  
Accountability Report**

Name of agency/project: \_\_\_\_\_

Name and title of contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Session Endorsement from \_\_\_\_\_ Presbyterian Church

Grant amount \_\_\_\_\_ Grant year from \_\_\_\_\_ to \_\_\_\_\_

**Purpose for which grant was given**

1. **Total grant money expended:** \_\_\_\_\_  
Please attach a copy of appropriate financial report(s).
2. **Brief description as to how money was used.**  
Please be as specific as possible, including who was assisted, number of persons assisted, what was provided, why it was needed, etc.
3. **How did this grant fit in with the overall purpose of your agency?**
4. **How did it enable the project to be more effective?**
5. **Please give any other information you think may be of help to the Salem Presbytery Hunger Committee as they administer the Salem Presbytery Hunger Fund grant money.**

You may share stories, pictures and videos that illustrate the use of these Hunger Funds to be shared with the supporting churches of Salem Presbytery. Submit to: Salem Presbytery, P.O. Box 1763 Clemmons, NC 27012.

Reported by \_\_\_\_\_ Date \_\_\_\_\_

Submit this report at the end of the funding year to:  
Salem Presbytery - Attn: Hunger Action Advocate  
P.O. Box 1763 Clemmons, NC 27012

A copy of the report should be mailed to the endorsing church Session of the grant request.