Management and Continuing Education Assistance

Accountability Form

***(Please complete and return this form within one year of receipt of award.)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institute** |  | **NRRO ID #** |  |
|  |
| **Address** |  |
|  |
| **City** |  | **State** |  | **Zip** |  |
|  |
| **Phone** |  | **Arch/diocese** |  |
|  |
| **Name of Major Superior** |  |
|  |
| **Name of Contact Person** |  |
|  |
| **Amount of Award $** |  | **Year Received** |  |

1. **How was the Award used?**
2. **Who accomplished this?** (Please name consultants if any were involved.)

1. **What were the results?**

1. **What was the impact on retirement planning?**

1. **What was the final cost?**

1. **What could be recommended to another group attempting a similar effort?**

**Signature of Major Superior**

**Signature of Treasurer**

**Date Submitted**