

**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.)

3. What were the results?

4. What was the impact on retirement planning?

5. What was the final cost?

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

Signature of Major Superior _____

Signature of Treasurer _____

Date Submitted _____