



DIOCESE OF DAVENPORT
MOVING FORWARD IN FAITH AND HOPE

Project Report

Name of Project:

Date/Time:

Location:

Presenter:

Purpose:

**Number of
persons attending:**

Evaluation:

**Presenter
Observations:**

**Participant
Responses:**

Recommendations:



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Income

Registration Fees:

Expenses

Presenter: stipend
airfare
lodging/meals

Hotel
Supplies
Staff travel/expenses

Total Expenses

Expenses over Income

Support material sold: