

GRANT APPLICATION (Revised June 12, 2017)

I. GENERAL INFORMATION

Request Date:

If Applicant is a Catholic Diocese, please select the Diocese you are associated with in the pull down menu below:

Organization Name:

Address:

City:

State:

Postal Code:

Telephone:

Please use the following format: (###) ###-####

Fax:

Please use the following format: (###) ###-####

E-mail Address:

(Include Web address if applicable)

Tax ID:

Primary Function:

II. GRANT PROJECT DATA

Amount of Grant Request:

Total Project Budget:

Name/Title of Grant Project:

Brief History or Background of Organization:
(NEW APPLICANTS ONLY)

Project Description and Purpose: (Goals & Objectives)
(If Applicant is a sectarian charity, please state how this project generally has impact on the Catholic Church)

Please provide the steps you will take during the next year to make your program financially stable for the foreseeable future.

Project Start Date:
(On what date will the project begin)?

Anticipated End Date:
(On what date will the project be completed)?

PRIMARY DAY TO DAY CONTACT INFORMATION

Prefix:

First Name:

Last Name:

Suffix:

Title:

Contact Telephone:
Please use the following format: (###) ###-####

Email Address: