

FY2017 GRANT APPLICATION FORM



Parish/Organization Name: _____

Address: _____

Phone: _____ Fax: _____

Pastor/Chief Officer name and title: _____

Project Contact Person name and title: _____

Project Contact Person phone number: _____ Email: _____

Total Proposed Project Budget: _____ Amount Requested: _____

Funds raised for project to date: _____

In-Kind support obtained or committed for project (volunteer hours, donated supplies, etc.): _____

_____ (include in narrative if more space is necessary).

Duration of Project or Program: from _____ to _____

Project Description (one sentence): _____

Narrative: Please provide the following information in narrative form and attach it to this application form.

1. Provide a description of the project, including why the project is needed, what your expected outcomes are, and your strategy for evaluating the success of the project.
2. Provide a description of your parish or organization, the population and community served, and any unique challenges in your service area.
3. Provide a budget (income and expenses) for your project. Describe plans for obtaining other funding needed to carry out the project, if necessary, including fundraising and amounts requested of other known or potential fund sources. If the project is expected to continue beyond the grant period, describe plans for assuring continued funding after the grant period.

The undersigned, Pastor/Administrator and/or authorized officer of the organization, does hereby certify that the information set forth in this grant application is true and correct.

Signature

Title

Print Name

Date

*Applications from a parish must be signed by the pastor, parish administrator, or authorized officer of the organization. Send completed applications to the Foundation for the Diocese of Helena, PO Box 1729, Helena, MT 59624. Envelope must be postmarked no later than **Thursday, June 30, 2016.***