



2010-11 GRANT APPLICATION

Please check one of the following initiatives: Catholic Schools Adult Faith Formation Youth Faith Formation

Sponsoring Parish:	Town:	Pastor:
Project Name:	Parish Phone:	Pastor's E-mail:
Parish Address:	Zip Code:	
Project Contact Person:	Contact Phone:	Email:
Maximum Grant Amount: Catholic Schools, \$1600; Adult Formation, \$700; Youth Formation, \$800		
Total Project Expense: \$	Amount Requested: \$	

Summary of Proposed Project (A maximum of two additional pages can be added, if necessary.) Internal Use

1. Describe the need that the project is intended to meet:	
2. How will the project meet that need?	
3. Is this a one-time project? If not, how will the project be financially sustained?	
4. How would the project be completed if it can only be partially funded?	

Please provide a specific financial breakdown of how the funds are intended to be used:

The undersigned support and endorse this application and any accompanying material as an accurate statement of the need and the intended use of the funds requested. We agree to submit a Grant Confirmation report form to the Catholic Foundation as required to show that the grant funds were used according to the grant guidelines.

Signature of Project Contact Person:	Date:
Signature of Pastor:	Date: