



2022-2023 LTP Confirmation

City/Location of Parish:

Did you purchase the items which were applied for? Yes _____ No _____

What was purchased with your 2022-2023 grant money?

I verify that the entire grant amount was utilized and this is an accurate description of purchases.

Pastor Signature _____

2023-2024 LTP Application

I am applying for: (Please check one of the following)

___ Catholic School (\$1,900) ___ Adult Faith Formation (\$450) ___ Youth Faith Formation (\$600)

Parish:	Pastor:
School (if applicable):	Principal:
Parish/School Address:	
Project Contact Person:	
Contact Phone:	Email:
Type of Project or Project Name:	
___ Technology ___ Curriculum ___ Resources ___ Other (specify): _____	
Total cost of Project:	Amount Requested:

Requested Items	Expected Expenditures
	TOTAL Projected: \$

If necessary, use back of paper for extra items. *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.*

Signature of Project Contact Person: _____ Date: _____

Signature of Pastor: _____ Date: _____

Applications must be received in the office by Thursday, April 27, 2023 to be eligible.

Mail to: The Catholic Foundation, 207 7th Ave N, Saint Cloud, MN 56303

Email: Office@CatholicFoundation.info