

Grant Application

Due Date: January 31, 2010



Before filling out this application, please review the grant guidelines to be sure your proposal qualifies for grant consideration. **Please type or print all information.** Do not extend your response to a separate sheet. "Not applicable" should be used to respond to those questions which you feel are not relevant to your proposal. Please contact the Catholic Foundation office with any questions at (520) 838-2508.

A. General Information

Name of organization/program: _____ Amount Requested _____

Street Address _____ City _____ Zip Code _____

Office Phone _____ Cell Phone _____ Email address _____

Name of Person Requesting Grant _____ Title or Position _____

All information given is true and correct to the best of my knowledge. It is understood that I will return a completed official **Grant Evaluation Summary** to the Catholic Foundation office within 30 days of the grant completion date. The Grant Evaluation Summary must be submitted prior to requesting additional funding from the Catholic Foundation.

Signature of Applicant _____ Date _____

I support and endorse this application.

Signature of Sponsor* _____ Date _____

* Individual responsible for organization or program, this could be the Pastor, Principal, Moderator of the Curia, CEO or Executive Director.

<i>Grant No.</i> _____	<i>For Office Use Only</i>
<i>Date Approved:</i> _____	<i>Amount \$</i> _____
<i>Completion Date:</i> _____	
<i>Endowment Giving Grant Funds:</i> _____	

B. Description

1. Briefly describe your organization or program:

2. Describe the purpose of the grant request (be specific):

3. List the goals or results expected:

Short Term Goals (timeline or specifics):

Long Term Goals (timeline or specifics):

4. In what way does this relate to the Grant Disbursement Goals of the Catholic Foundation (see Grant Guidelines):

