

<i>For Office Use Only</i>	<i>Grant No.</i>	<i>Date Approved</i>	<i>Amount Granted</i>
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2018 Grant Application

Deadline: December 31, 2017



Before filling out your 2018 Grant Application, please review the **2018 Grant Application Guidelines** (available at www.cathfnd.org/grants) to be sure that you qualify for grant consideration. Please type or print all information. “Not Applicable” should be used to respond to those questions which you feel are not relevant to you. If you have any questions regarding your application, please feel free to contact our Program Manager for Grants, Katheryn Hutchinson, at 520.838.2505 or khutchinson@diocesetucson.org.

- For financial accounting and Tax ID purposes, please attach your W-9 to this application.
- Please note: 2018 Grant Application submissions are limited to **one per parish** and **one per school**. If more than one grant application is submitted, the applications will be returned to the parish or school with a request that only one be submitted.

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

By signing below, I attest that all information given in this application is true and correct to the best of my knowledge. It is understood that I will return the completed **2018 Grant Evaluation Summary** to the Catholic Foundation within 30 days of the grant completion date and prior to requesting additional funding from the Catholic Foundation.

Signature of Applicant	Date
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By signing below, I attest that I support and endorse this application.

Signature of Sponsor <i>Pastor, Principal, Moderator of the Curia, CEO, or Executive Director</i>	Date
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5. How long will the project/program last? (Grant Completion Date)

6. Who will benefit? (Be specific, use descriptions.)

7. How many people will be served? (Give numbers.)

8. How will activity be monitored? (Be specific.)

9. How will success be measured? (Be specific.)

C. Financial Information

1. Amount Requested (Maximum \$15,000): \$ _____

2. Overall cost of total project: \$ _____

3. Itemize in dollar amounts how the funding from the grant will be used.
REQUIRED: Please attach relevant proposals/bids/cost estimates.

5. Who will certify the accounting information relating to this grant? _____

D. Publicity and Photo Release

I hereby grant to the Catholic Foundation for the Diocese of Tucson the rights and unrestricted permission to use my name, image and/or voice in any photos, video recordings and the like, taken or made on behalf of the Catholic Foundation to be used for any purpose consistent with the Foundation's mission. These uses include, but are not limited to videos, publications, news releases, websites, and any promotional or educational materials in any medium.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents.

Printed Name of Applicant

Signature of Applicant

Date

Please mail, email or fax your completed application and required documents to:

Catholic Foundation for the Diocese of Tucson
Attn: Grants Department
PO Box 31
Tucson, Arizona 85702

Fax: (520) 838-2585
Email: khutchinson@diocesetucson.org