

Grant Application: General Fund

ST. JOSEPH'S CATHOLIC HEALTHCARE ENDOWMENT FUND

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 with any questions at (520) 838-2505.

A. General Information

Name of organization/program:		Amount Requested
Street Address	City	Zip Code
Office Phone	Cell Phone	Email Address
Name or 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 St. Joseph's Catholic Healthcare Endowment Fund office within 90 days of the grant completion date. The **Grant Evaluation Summary** must be submitted prior to requesting additional funding from the St. Joseph's Catholic Healthcare Endowment Fund.

- For financial accounting and Tax ID purposes, please attach your W-9 to this application.
- Please note: Grant submissions are limited to **one per organization per year**.

Signature of Applicant	Date
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I support and endorse this application.

Signature of Board Officer or Director of the Organization, if not the Applicant	Date
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* Individual responsible for organization could be the Pastor, Principal, Moderator of the Curia, CEO or Exec. Director.

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

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 St. Joseph Healthcare Fund?
(see Grant Guidelines)
5. How does this initiative comply with Catholic Healthcare directives.
(see Grant Guidelines)
6. How long will the project/program last? (Grant Completion Date)
7. Who will benefit? (Be specific, use descriptions.)
8. How many people will be served? (Give numbers.)

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

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

11. How will this initiative be sustainable beyond first grant year?

C. Financial Information

- | | | |
|---|-------------|----------|
| 1. Amount Requested: | Maximum: \$ | _____ |
| | Minimum: \$ | _____ |
| 2. Overall cost of total project: | | \$ _____ |
| 3. Itemize in dollar amounts how the funding from the grant will be used.
Please attach relevant proposals/bids/cost estimates (required). | | _____ |

4. Would partial funding be acceptable? Yes No
5. Who will certify the accounting information relating to this grant? _____

Thank you for your Grant application. When completed, please mail, email or fax to:
 St. Joseph's Catholic Healthcare Endowment Fund
 c/o Catholic Foundation, Diocese of Tucson
 64 E. Broadway Blvd.
 Tucson, AZ 85701

Questions? Please call (520) 838-2505.