

2021 Grant Application



Parish/Organization Name _____

Mailing Address _____

Pastor/Chief Officer name & title _____

Phone _____ Email _____

Grant Contact name & title (can be same as above) _____

Phone _____ Email _____

Grant amount requested \$ _____ Grant requested for (one sentence) _____

If the full amount requested is not awarded, would you accept partial funding? Yes No

NARRATIVE: Please provide the answers to each of the following questions in narrative form and attach to this application.

1. Provide a complete description of the need for which you are applying. Detail your expected outcomes.
2. Explain why this need exists and how grant funding from the Foundation will help.
3. Provide a description of (1) your parish/organization, (2) the population/community served by this grant request, and (3) any unique challenges you face.
4. Provide a budget (income and expenses) for your project/grant request. Be sure to note all other funding sources (outside of this hoped-for-grant). Also provide your timeline for project completion.
5. If received, tell us how you will help promote this grant from the Catholic Foundation of Eastern Montana to your congregation/constituents/Catholic community. We are trying to build awareness of the Foundation's work in our Diocese

The undersigned Pastor/Administrator and/or authorized officer of the organization does hereby certify that the information set forth in this grant application is true and correct.

Signature

Title

Printed Name

Date

Send completed application to the Catholic Foundation of Eastern Montana, PO Box 1345, Great Falls, MT 59403. Envelope must be postmarked no later than Monday, June 15, 2021. If you need any assistance, please contact Anna Attaway, Communications & Development Specialist, at anna@catholicfoundationmt.org or 406-401-1767.