

2022 Grant Application



Applicant Information

Parish/Organization name: _____

Please provide a one-sentence summary of why you are requesting this grant: _____

Pastor/Executive Officer name & title: _____

Phone: _____ Email: _____

Grant Contact name & title (if different): _____

Phone: _____ Email: _____

Physical address: _____

Mailing address (if different): _____

Grant Budget Information

Grant amount requested (enter any amount up to \$5,000): \$ _____

Total cost of the project in your grant proposal: \$ _____

Enter the total cost of the project, including but not limited to grant funding. For example, if you are requesting a \$5,000 grant to help fund a \$20,000 dollar project to replace playground equipment, you would write \$20,000 on the above line.

Funds raised for the project to date (please list other funding sources, if any): \$ _____

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

Grant Proposal Description

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 this grant would meet. What do you expect will change or improve if you receive this grant?
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 your timeline for project completion and a budget (income and expenses) for your project/grant request. *There is no need to provide the budget of your entire organization.* You can type out this information, or attach a separate document.
5. If awarded a grant, tell us how you will help promote the Catholic Foundation of Eastern Montana to your congregation, constituents, or Catholic community. We are trying to build awareness of the Foundation's work in our diocese.

Applications from a parish or parish school must be signed by the pastor.

The undersigned Pastor or authorized executive 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 Friday, June 10, 2022.

If you need any assistance, please contact Anna Attaway, Communications & Development Specialist, at anna@catholicfoundationmt.org or 406-401-1767.