

# 2019 Grant Application



Parish/Organization

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Pastor/Chief Officer name and title \_\_\_\_\_

Grant Contact name and title \_\_\_\_\_

Grant Amount Requested \$ \_\_\_\_\_ Grant Requested for (one sentence) \_\_\_\_\_

**NARRATIVE: Please provide the following information in narrative form and attach it to this application.**

1. Provide a complete description of the project/program/ministry 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 your parish or organization, the population and community served by the particular parish, and project/ministry, and any unique challenges.
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/constituencies/Catholic community.

*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 late than Friday, October 18, 2019.**