MINISTRY GRANT



APPLICATION FORM

Instructions: Please type. You may add additional pages if necessary. While email is the preferred form of submission, you are also welcome to mail or fax in the application. If emailed, be sure to also send a <u>scanned</u> copy of the signature page.

Please return your completed application <u>no later than June 1, 2019.</u> Please send the completed application and attachments to Catholic Education Foundation at The Bishop Blanchette Catholic Center 16555 Weber Road Crest Hill, IL 60403.

TITLE OF PROJECT:	Amount Req: \$
PARISH (include city):	
APPLICANT NAME:	
PARISH POSITION / ROLE:	
EMAIL ADDRESS:	
PHONE NUMBER:	
Grant Category: Faith Forn	
Short description of the initiative:	
What is the vision behind this project? How	is it a new or innovative model?
Name the key leadership roles on this proje	ct and their contribution to the initiative:

Describe your execution plan. How will this project be accomplished?	
Describe your expected outcome(s):	
What reasons do you have to anticipate success in this initiative?	
What are the anticipated difficulties in the execution of this initiative?	
What is your monitoring process or evaluation mechanism used to record the ongoing progress of your initiative?	
List other funding sources and corresponding grant requests that you have sought for this project.	

REQUESTED GRANT AMOUNT FROM CATHOLIC EDUCATION FOUNDATION:

(NOTE: there is a \$3,000 limit on the grant awards)
Please provide a project budget:
Will the initiative proceed if no or partial funding is granted?
Either way, please explain:
Additional pertinent comments or information:
PROJECT COMMITTMENT
We, the undersigned, understand and agree that should a grant be awarded, a mid-year report is required.
(a year-end report may be requested as well.) We understand and agree that funds which are not used for the purposes expressed in this proposal are to be returned to the Catholic Education Foundation.
Applicant Signature / Date:
Pastor Signature / Date: