

JANUARY 2021 GRANT CYCLE - PARISH LIFE GRANT PROPOSAL SUMMARY FORM

This form should be completed and submitted with all grant applications.

ORGANIZATION INFORMATION

Organization Name:
Legal Name, if different from above:
Address:
Phone:
Website:
Pastor, Parochial Administrator or Executive Director Name:
Contact Name, if different from above:
Contact Title:
Contact Email:
Federal Tax ID #:
Edition and page number of listing in the Official Catholic Directory.
Edition: 20 Page Number:
☐ Check this box if your organization is not listed in the Official Catholic Directory, but your organization's by-laws state that you are a Catholic entity.
GRANT REQUEST INFORMATION Please indicate your Grant Request Category (Select all that apply): Project/Program Support Capital Improvement Support Other, please specify:

Brief name or description of your request:	
Amount Requested: \$	
Total Project/Program Budget: \$	
Total Annual Organizational Budget: \$	
Fiscal Year End:	
State your organization's mission:	
Is this request being made to any other funders? ☐ Yes ☐ No	
Have you previously applied for a grant from The Cathering Philadelphia? ☐ Yes ☐ No	holic Foundation of Greater
List the three largest funding sources, including amou	nt, within the last fiscal year.
1. Source:	Amount: \$
2. Source:	Amount: \$
3. Source:	Amount: \$
Given CFGP's unique development consulting role an that all financial requests include a plan for fundraising following areas of support are you utilizing to assist w	g and development support. Which of the
☐ Increased Offertory Program ☐ Annual Appeal ☐ Capital Campaign ☐ Other, please specify:	

GRANT APPLICATION CHECKLIST

Please review your application and check-off each item in the box to con-	* *		
components are included in addition to this Grant Proposal Summary for	orm. Numbers correlate		
to list found on page 2:			
Grant Proposal Narrative, not to exceed three pages			
1. Itemized budget for your organization's current fiscal year			
☐ 2. Current project/program income and expenses			
☐ 3. Most recent annual report or audited financial statement – for p	arishes, the most recent		
Report to Pastor is preferred			
☐ 4. Copy of IRS federal tax-exempt letter			
☐ 5. A copy of the page on which your organization is listed in the P.J.			
Official Catholic Directory OR a copy of the section in your organiza	tion's bylaws that states		
your organization is a Catholic entity			
☐ 6. List of your Board of Directors, Pastoral Council and Finance Council, with affiliations for all			
□ 7. One-paragraph descriptions of key staff members and their relevant	nt qualifications		
\square 8. An example of how you have shared the need outlined in your narr	rative with your		
community, this can be a copy of your bulletin, an email announceme	nt, etc.		
\square 9. For capital support, 3 bids from potential vendors of the capital pro-	oject		
□ 10./11. Optional, Letter(s) of agreement from any collaborating agencies, letter(s) of support			
or press releases, if applicable.			
AGREEMENT			
I certify that all the information included in this Grant Proposal is correct. I status of the organization is still in effect. If a grant is awarded to this organ proceeds of that grant will be distributed to the areas cited in this Grant Pr money received from The Catholic Foundation of Greater Philadelphia (CFG benefit of any outside organizations, individuals, or activities that do not uphoton	vization, I confirm that the coposal. I verify that grant EP) will <u>not</u> be used for the		
Signature of Pastor, Parochial Administrator or Executive Director	Date		
Signature of Pastoral Council Representative	Date		
Signature of Finance Council Representative	Date		