

Grant Application

CATHOLIC FOUNDATION OF SANTA CLARA COUNTY

General Grant Application Instructions:

- Please provide all of the information in the order listed.
- If applicant is listed in the Diocesan Directory, please provide copy of page where applicant appears; if applicant is not listed in the Directory, provide copy of applicant's Internal Revenue Service determination letter, confirming that applicant is recognized by the IRS as a tax-exempt charitable organization.
- All questions relative to the request must be fully completed. Please be clear and concise about the intent of your program.
- Applicant must sign application; if request is parish based, pastor also must sign application.
- All grants are awarded on a one-time basis only. Though applicants may apply for a new grant each year, continual approval by the Catholic Foundation is not guaranteed.
- Submit application to the Catholic Foundation by mail, email, or fax.
- Do not include materials other than those specifically requested at this time.
- Do not send videotapes.

Grant Application Deadline:

March 31, 2011

Kate Truong, Grant Administrator
Catholic Foundation of Santa Clara County
777 N. First Street, Suite 740
San Jose, CA 95112
Office: 408-995-5219 x 21
Fax: 408-995-5865
Email: truong@cfoscc.org

Grant Application

Application area (check one):

- **Pastoral Ministry Training & Formation:** Faith formation programs or activities which help enhance the Catholic Faith in our community
- **Parish Outreach:** Programs or activities which help address needs in our communities
- **Parish Stewardship:** Programs or training to help parishes grow financial support for new or continuing activities

Project type (circle one): Capital Program

Project Title: _____

Parish(es) Associated With

Parish(es): _____

Pastor: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Website: _____

Grant Application Contact Person

Name: _____ Title: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Email: _____

I certify that the information contained in this application is accurate and that the project, should this grant be approved, has my full endorsement (signature required if parish-based):

Pastor's Signature: _____

Associated Parish: _____

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1. Parish Mission Statement (or Program Mission Statement, if applicable):

2. Request for Funding Statement:

3. Describe the project, including activities and objectives.

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4. Is this a new program or a continuation of an existing project? _____

5. Have you applied for a grant from the Catholic Foundation before? If yes, in what year did you apply, what was the grant for, and, if awarded, what was the total dollar amount?

6. Amount Requested: _____ Total Program Cost: _____

7. If the amount requested is not equal to the program cost, what is the plan for funding the remainder? Please indicate whether or not the additional funding has been secured.

8. If the amount awarded is less than the amount requested, would you still be able to continue with your program? Please explain. Is there a minimum amount you must be awarded in order for your program to continue?

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9. What is the result you hope to achieve from this project? How will you measure whether the project is successful? (150 words or less)

Program Start Date: ____/____/____

Program End Date: ____/____/____

- I agree to comply with any requests for publicity from the Foundation.
- I agree to submit an annual report to the foundation, or upon completion of this project/program.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Title: _____

PLEASE NOTE: All applications must be submitted by 5:00 pm on March 31, 2011