

All applications must be submitted to the Catholic Community Foundation by: April 1 or October 1



## Application for Financial Support

### PROJECT DATA:

Project name: \_\_\_\_\_

\_\_\_\_\_

Brief summary of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ministry/project sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Telephone: \_\_\_\_\_

Amount requested from Catholic Foundation: \_\_\_\_\_

Printed name and signature of ministry coordinator / organization CEO:

\_\_\_\_\_

(printed name)

(signature)

(title)

Signature of organization's board chairperson, or pastor/bishop:

\_\_\_\_\_

(If applicable, please attach list of organization's board members or governing board.)

**SUPPORTING DATA AND RATIONAL:**

**It is acceptable to provide responses on a separate sheet.**

1. Description of project:

(What is the ministries intended purpose? How will the ministry achieve its goal?)

2. Expected results/benefits of the ministry's project:

(How will project be evaluated? How many people will be served? Anticipated long-range benefits? How will project benefits be shared with others?)

3. Financial analysis of project including how project is included in budget: (You may wish to attach a proposed budget for income and expensing of this project's direct costs.)

4. Alternative sources of current and future funding (be certain to note the status of other requests that have been made):

5. Expected date of project completion:

6. Does the organization agree to submit a progress report if a grant is paid?

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Please email Application & any additional information to [mnorth@ccfesd.org](mailto:mnorth@ccfesd.org) or mail to:**

**The Catholic Community Foundation for Eastern South Dakota  
523 N. Duluth Avenue, Sioux Falls, SD 57104 ~ Phone: (605) 988-3788**