



Application for Financial Support

All applications must be submitted to the Catholic Community Foundation by: February 1 or August 1
The Catholic Community Foundation is unable to accept applications for lobbying purposes

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:

Signature Title
(by typing name you provide electronic signature)

Date

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

Signature Date
(by typing name you provide electronic signature)

(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 hfortin@ccfesd.org or mail to:**

CCFESD

**Attn: Heather Fortin
523 N Duluth Ave
Sioux Falls, SD 57104**