



## Application for Financial Support

All applications must be submitted to the Catholic Community Foundation by: March 1 or September 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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**1. Please email Application & any additional information to [hfortin@ccfesd.org](mailto:hfortin@ccfesd.org) or mail to:**

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