|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Information | | | | | |
| NAME | |  | | | |
| PARISH / SCHOOL | | |  | | |
| STREET ADDRESS | | |  | | |
| CITY |  | | | Zip Code |  | |
| TYPE OF GRANT | | | * Charitable Works of the Church - Local Parish Community Endowment * Catholic Parish Faith Formation Endowment | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proposal Summary | | | | | |
| PROJECT DESCRIPTION: ***Briefly*** explain why your parish/school/ministry is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds. (Attach full description in the **Narrative**, separately.) | | | | | |
|  | | | | | |
| TOTAL COST OF PROJECT | $ |  | GRANT AMOUNT REQUESTED | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Approvals | | | |
| *SIGNATURES:* My signature verifies that the organization applying for this grant currently has a tax exemption under the Internal Revenue Code 501(c)(3) and is not classified as “a private foundation” as defined under Code section 509(a). My signature is made as one who is authorized to do so on behalf of the applying organization. | | | |
|  | |  | |
| PROJECT DIRECTOR SIGNATURE | | PRIEST, PRINCIPAL, MINISTRY LEADER SIGNATURE | |
| DATE SIGNED |  | DATE SIGNED |  |

## The Idaho Catholic Foundation, Inc.



**Grant Application**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Information | | | | | | |
| PROJECT MANAGER | | |  | | | |
| TITLE |  | | | | | |
| PHONE NUMBER | |  | | | | |
| EMAIL | |  | | | | |
| Number Paid Full-Time: | | | | Number of Volunteers: | Number of Additional Staff Required for This Project, if any: | |
|  | | | |  |  | |
| STARTING DATE | | | | COMPLETION DATE | SERVICES BEGIN | 6-MONTH REPORT DUE DATE |
|  | | | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ICF Grant History | | | | |
| Has the Idaho Catholic Foundation funded this project | DATE OF GRANT | | AMOUNT OF GRANT | |
| or any other project or program with your organization |
| before? | 1 |  | 1 |  |
| * No | 2 |  | 2 |  |
| * Yes: Please enter dates and amounts of each | 3 |  | 3 |  |

|  |  |
| --- | --- |
| Narrative: one page maximum (see Guidelines) | |
| Background | BRIEFLY DESCRIBE THE WORK OF YOUR ORGANIZATION. |
|  |
| Funding Request | PLEASE DESCRIBE THE PROGRAM (PROJECT) FOR WHICH YOU SEEK FUNDING. |
|  |
| The Budget | IDENTIFY THE SPECIFIC USES OF THE REQUESTED GRANT. |
|  |
| Income Sources | LIST ALL SOURCES OF INCOME FOR THE PROJECT. |
|  |
| Evaluation | LIST CRITERIA TO MEASURE EFFECTIVENESS OF A SUCCESSFUL PROGRAM. |
|  |