



# St Anne Catholic Church Outreach Grant Application

You are invited to submit an application for funding. All requests will be competitively reviewed and awarded based on need and available resources. Two copies of the application and requested documentation are required. Incomplete applications will not be considered. All grant applications requesting funding should be *received by March first for consideration in April and by September first for consideration in October.* Only one application can be submitted per calendar year. E-mailed applications will not be accepted.

## *Organization*

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Federal Tax ID #:** \_\_\_\_\_ [Attach 501(c)3 letter.]

**Executive Director Name:** \_\_\_\_\_ [Attach personal resume.]

**Executive Director Phone:** \_\_\_\_\_

**Contact Name and Title:** \_\_\_\_\_

**Contact E-mail and Phone:** \_\_\_\_\_

**Description of the organization, the nature of its work, its mission and its achievements:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total number of board of directors or trustees:** \_\_\_\_\_ [Attach list of board members.]

**Percentage of board who financially supported the organization during the last fiscal year:** \_\_\_\_\_ % **What year did the organization start?** \_\_\_\_\_

**Total Number of Staff:** \_\_\_\_\_ **Administrative** \_\_\_\_\_ **Program/Service** \_\_\_\_\_  
**Part Time** \_\_\_\_\_ **Full Time** \_\_\_\_\_

**Total # of Volunteers:** \_\_\_\_\_ **Administrative** \_\_\_\_\_ **Program/Service** \_\_\_\_\_

**Ratio of paid staff hours to volunteer hours:** \_\_\_\_\_ to \_\_\_\_\_

**Are you affiliated with a national or state organization (Yes/No)?** \_\_\_\_\_ **If yes, identify and explain affiliation):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***Outreach Grant Request***

**Amount requested (up to \$10,000):** \_\_\_\_\_ **In one sentence, summarize how the requested funds will be used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Attach budget for total project.]

**Number (#) of clients served:** \_\_\_\_\_

**Describe the need this grant will meet and why the need:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a 250 word or less grant request proposal and include the following information:**

- **Proposed program including a statement of need**
- **How will the project address the identified issue/need?**
- **Target geographic area and population for project**
- **Projected goals and benefits including numbers served**
- **How many people were served in the prior year?**
- **Plans for evaluating effectiveness of the program**

How does this project/program differ from others serving the same population?

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Are you collaborating with other organizations to accomplish these program goals?

\_\_\_\_\_ If yes, what are their names and have they also applied to St. Anne's for a grant? \_\_\_\_\_

**Financial Information** (Full fiscal year ending \_\_/\_\_/\_\_\_\_) [Attach current financial statement, most recent audited financial statement, and current annual operating budget.]

Total Income: \$ \_\_\_\_\_

Sources of Income:

Board	% _____	Government	% _____	United Way	% _____
Individuals	% _____	Companies	% _____	Other	% _____
Churches	% _____	Program	% _____		
Foundations	% _____	Endowment	% _____		

If you receive United Way funding,

Amount/year for past three years: \$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_

If endowment exists,

Current balance: \$ \_\_\_\_\_ Income distribution \$ \_\_\_\_\_

Restrictions \_\_\_\_\_

Is the agency a part of a larger entity? \_\_\_\_\_ If yes, please provide current financial statement, most recent audited financial statement and current annual operating budget for the larger entity as well.

Attach current operating budget. Give percentages of budget spent on:

- \_\_\_\_\_ % Fundraising
- \_\_\_\_\_ % Administrative expense
- \_\_\_\_\_ % Programs

If administrative costs plus fund raising costs are more than 25% of total expenses, explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## *Agency Information*

Is organization faith-based? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the faith component in the program/organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If known, list St. Anne Catholic Church parishioners who are:

**Board members:** \_\_\_\_\_

\_\_\_\_\_

**Volunteers:** \_\_\_\_\_

\_\_\_\_\_

**Familiar with this request:** \_\_\_\_\_

\_\_\_\_\_

Are there some specific ways volunteers from St. Anne's could be used by the organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed name of organization's representative: \_\_\_\_\_

\_\_\_\_\_  
Signature of organization's representative

\_\_\_\_\_  
Date