



JULY 2021 GRANT CYCLE - PARISH LIFE GRANT PROPOSAL SUMMARY FORM

This form should be completed and submitted with all Letters of Intent.

ORGANIZATION INFORMATION

Organization Name: _____

Legal Name, *if different from above*: _____

Address: _____

Phone: _____

Website: _____

Pastor, Parochial Administrator or Executive Director Name:

Contact Name, *if different from above*: _____

Contact Title: _____

Contact Email: _____

Federal Tax ID #: _____

Edition and page number of listing in the Official Catholic Directory.

Edition: 20 _____ Page Number: _____

Check this box if your organization is not listed in the Official Catholic Directory, but your organization's by-laws state that you are a Catholic entity.

GRANT REQUEST INFORMATION

Please indicate your Grant Request Category (*Select all that apply*):

Project Support

Program Support

Other, *please specify*: _____

Brief name or description of your request: _____

Amount Requested: \$ _____

Total Project/Program Budget: \$ _____

Total Annual Organizational Budget: \$ _____

Fiscal Year End: _____

State your organization's mission:

Is this request being made to any other funders?

Yes

No

Have you previously applied for a grant from The Catholic Foundation of Greater Philadelphia?

Yes

No

List the three largest funding sources, including amount, within the last fiscal year.

1. Source: _____ Amount: \$ _____

2. Source: _____ Amount: \$ _____

3. Source: _____ Amount: \$ _____

