## FAYETTEVILLE DEANERY ENDOWMENT FOR THE POOR

## OFFICIAL GRANT APPLICATION FORM

(ONLY APPLICATIONS SUBMITTED ON THIS FORM WILL BE ACCEPTED FOR CONSIDERATION)

1.	Name of organization requesting funds			
	Mailing Address			
	City	State	Zip Code	
	Phone	FAX		
2.	Contact Person			
	Title	Pho	one	
	E-Mail			
<b>3.</b> .	Amount Requested: \$	_		
4.	Describe your organization.			
5. I	Please state your objectives and describe how	this grant will be used to r	neet vour objectives.	
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8. Please list the amount and type of grant(s) received from the Diocese of Raleigh in the last two years.  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6. Provide a detailed budget for the project.	
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\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7. Please describe the constituency that is served by your organization.	
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9. Please separately list the top five sources and amounts of funding for your organization.  \$	8. Please list the amount and type of grant(s) received from the Diocese of Raleigh in the	last two years.
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\$\$  3\$	9. Please separately list the top five sources and amounts of funding for your organization	•
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\$		
\$	3.	\$
	5	\$

This Rale	section is to be completed by those organizations that are not Catholic Parishes/Agencies/Deaneries of the Diocese of igh.
10.	Does your organization have an annual independent audit?
11.	Describe the nature of your relationship with the Catholic Church.
12.	Attach the following:  a) A list of the names and addresses of the Officers and Board of Directors of your organization;
	<ul> <li>a) A list of the names and addresses of the Officers and Board of Directors of your organization;</li> <li>b) A copy of the proof of tax exempt status under Section 501(c)(3) of the IRS code;</li> </ul>
	<ul> <li>c) A current line item budget for the organization or the specific project in question; and</li> <li>d) The mission statement of your organization.</li> </ul>
	The mission statement of your organization.
13.	Preparer's Signature Telephone
14.	Pastor's Signature
15.	Pastor's Comments
16.	Date of Application
Noti	ce: If funding is approved, a Grantee Report on the use of the funds is required within nine months of receipt of funds.
	ot received, future funding requests will be denied.
	Initial as read and understood
FOI	R OFFICE USE ONLY
	Application Received:
Staff	? Comments:
	n Signature of Approval:
Dear	a's Comments:

Financial Addendum Required for all Diocesan Grant Applications

Category	Parish Financial Information	School Financial Information (if applying for school)	
# of Registered Households			# of Students
Total Annual Offertory for most recently completed fiscal year.	\$	\$	Total Tuition
Total Annual Income for most recently completed fiscal year.	\$	\$	Amount Contributed by Parish
	\$	\$	Total Other Income
	\$	\$	Total All Income
	\$	\$	

## **List Amounts Deposited in the Following Accounts**

	Checking Accounts	Checking Accounts	
General Checking Account	\$	\$	General Checking Account
Restricted Checking Account	List Purpose & Amount	List Purpose & Amount	Restricted Checking Account
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
	Savings Accounts	Savings Accounts	
General Savings Account	\$	\$	General Savings Account
Restricted Savings Account	List Purpose & Amount	List Purpose & Amount	Restricted Savings Account
Building	\$	\$	Building
			_
GWOC	\$	\$	Purpose
7			2
Purpose	\$	\$	Purpose
D	ф	Φ	D
Purpose	\$	\$	Purpose
Duranasa	Φ.	Φ.	Drawn a ca
Purpose	\$	\$	Purpose
Durmoso	•	•	Dumosa
Purpose	\$	\$	Purpose

## Financial Addendum for Diocesan Grant Applications (For non-Catholic Organizations)

	Budget
Expenses	
Income	
Funds Received from	Grants
<b>Total Income</b>	
Total Income	
	List Amounts on Deposit in the Following Accounts
General Checking Acc	counts
Amount	Purpose
Restricted Checking A	Accounts
Amount	Purpose
<b>General Savings Acco</b>	ounts
Amount	Purpose
Amount	1 ur posc
	-
Restricted Savings Ac	counts
Amount	Purpose