NEW BERN 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			Phone	
	E-Mail				
3.	Amount Requested: \$				
4.	Describe your organization.				
5. I	Please state your objectives and describe how this g	rant will	l be used	l to meet your o	bjectives.

6. Provide a detailed budget for the project.

Item	Cost
Total Cost	

7. Please describe the constituency that is served by 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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9. Please separately list the top five sources and amounts of funding for your organization.

1.	\$	_
2.	\$	
3.	\$	
4.	\$	
5.	\$	
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	This section is to be completed by those organizations that are not Catholic Parishes/Agencies/Deaneries of the Diocese of Raleigh.		
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; b) A copy of the proof of tax exempt status under Section 501(c)(3) of the IRS code; c) A current line item budget for the organization or the specific project in question; and d) The mission statement of your organization.		
13.	Preparer's Signature Telephone		
14.	Pastor's Signature		
15.	Pastor's Comments		
16.	Date of Application		

Notice: If funding is approved, a Grantee Report on the use of the funds is required within nine months of receipt of funds. If not received, future funding requests will be denied.

Initial as read and understood_____

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
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose

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

	Budget	
Expenses		
Income		
Funds Received from Grants		
Total Income		

List Amounts on Deposit in the Following Accounts

General Checking Accounts

Amount	Purpose

Restricted Checking Accounts

Amount	Purpose

General Savings Accounts

Amount	Purpose

Restricted Savings Accounts

Amount	Purpose