

# Application Form

## The Catholic Foundation of the Diocese of Jackson

Grant No. _____	For Office Use Only
Date Approved: _____	Amount \$ _____
Trust(s) Giving Grant Funds:	
_____	# _____
_____	# _____

Before filling out this application, please review the grant application guidelines to be sure your proposal qualifies for grant consideration. **Please type or print all information.** Do not extend your response to a separate sheet. "Not applicable" should be used to respond to those questions which you feel are not relevant to your proposal. Please contact the Foundation Office with any questions at (601) 969-1880.

### A. GENERAL INFORMATION

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Name of Organization

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Name of Project/Program/Proposal

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Amount Requested

Contact Phone

Email Address

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Name of Person Requesting Grant

Title or Position

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Street Address

City

Zip Code +4

All information given is true and correct to the best of my knowledge. It is understood that I will return a completed official **Grant Progress Report Form** to the Foundation Office by August 1 of the year following the grant award and failure to do so can result in disqualification of the recipient in the next funding process.

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Signature of Applicant

Date

I support and endorse this application (sponsor can be a priest, religious, or director of organization or project under the auspices of the Diocese.).

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Signature of Sponsor

Title or Position

Date

## **B. DESCRIPTION**

1. Describe the project/program/proposal:

2. Describe the need: (Be specific, give details, numbers, etc.)

3. List the goals or results expected:

Short Term: (Time line or specifics)

Long Term: (Time line or specifics)

4. How do the goals/results relate to the mission of the Catholic Church?

