



MINISTRY GRANT APPLICATION FORM

Instructions: Please type. You may add additional pages if necessary. While email is the preferred form of submission, you are also welcome to mail or fax in the application. If emailed, be sure to also send a scanned copy of the signature page.

Please return your completed application no later than April 10, 2012. Please send the completed application and attachments to Catholic Education Foundation at 101 West Airport Road Romeoville, IL 60446.

TITLE OF THE PROJECT: _____

PARISH (include town): _____

APPLICANT NAME: _____

PARISH POSITION / ROLE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Short description of the initiative:

What is the vision behind this project? How is it a new or innovative model?

Name the key leadership roles on this project and their contribution to the initiative:

Describe your execution plan. How will this project be accomplished?

Name your expected outcome(s):

What reasons do you have to anticipate success in this initiative?

What are the anticipated difficulties in the execution of this initiative?

What is your monitoring process or evaluation mechanism used to record the ongoing progress of your initiative?

REQUESTED GRANT AMOUNT: _____

(NOTE: there is a \$3,000 limit on the grant awards)

Please provide a project budget:

Will the initiative proceed if no or partial funding is granted? _____

Either way, please explain:

Additional pertinent comments or information:

PROJECT COMMITMENT

We, the undersigned, understand and agree that should a grant be awarded, a mid-year report is required. (a year-end report may be requested as well.) We understand and agree that funds which are not used for the purposes expressed in this proposal are to be returned to the Catholic Education Foundation.

Applicant Signature / Date: _____

Pastor Signature / Date: _____