Seeds of Faith • Faith Formation Endowment

**Catholic Foundation of Southern Minnesota**

**Funding Application**

Parish & Deanery-based Projects

**General Information**

Name(s) of Parish(es)/Deanery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (Day) / (Evening)

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Request**

**1.** Please attach a narrative description of the funding request to this form. This description should include:

1. Information relating to the nature of the activity or project for which funding support is sought, and how local ministry efforts will be enhanced by the activity/project.
   * 1. How many people will be impacted by the use of the funds
2. The amount of funding requested (up to a maximum of $5,000.00 for deanery-based projects, and up to $2,500 for parish-based projects), to whom the funds are to be disbursed (e.g., name of parish, address, etc.), and the specific way(s) in which the funding will be utilized in support of the activity or project.
3. A description of who is leading and coordinating the project/activity, and the number of parishes involved in it.

**2.** Please also attach a brief letter from your pastor/dean, with his signature, stating his knowledge of and support for this activity/project.

**3.** Please also attach a budget, including amount to be raised by attendance, ticket sales, donations, etc. Also, include all expenses.

**4.** Please send a revised budget and narrative describing how the event , training, etc. went. Please also include a revised budget.

**Funding Information**

Please return this completed form, with the attached narrative description and budget, to:

**Monica Herman, Executive Director**

**Catholic Foundation of Southern Minnesota**

**P.O. Box 30098**

**Winona, MN 55987**

**Phone: (507) 858-1276**

**Fax: (507) 454-8106**

**E-mail: mherman@catholicfsmn.org**

Funding requests are reviewed on an ongoing basis. Funding applications are to be received at least one month in advance of the date on which such funding is needed. Grants awards are limited to the amount of funds available in a given year.