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**Draft Application Form for Grant Categories:**

***Building Foundation, Engaging Youth and Young Adults,   
and Enhancing Pastoral and Social Ministry***

This document is an example of the questions that are presented on the Catholic Extension grants form for the categories of *Building Foundation, Engaging Youth and Young Adults, and Enhancing Pastoral and Social Ministry.*

This is provided as a sample and to assist diocesan contacts in collecting the information needed from others throughout the diocese. This document can be shared with onsite contacts to assist in compiling responses in preparation of an official funding request to Catholic Extension.

Please note that all funding requests must still be officially submitted online through our grant application login linked at <https://www.catholicextension.org/grant-information/>

Applications will not be accepted by sending this form to Catholic Extension, or as an attachment to an online application. All information must be filled in the appropriate field in the official online grant application. If you have further questions, please contact our staff at [mission@catholicextension.org](mailto:mission@catholicextension.org)

**Organization and Contact Information**

Organization Name:

Street Address:

City, State, Zip:

Phone:

Website Address:

Organizational Background: (*Information about the specific organization requesting funding (not the entire diocese) such as mission, history, etc.)*:

Weekly Collection *(If grantee is a parish or minister working at a parish, what is the weekly collection?):*

Parish/Mission Annual Operation Budget *(If the grantee is a parish or mission, please enter their annual operating budget here)*:

**Primary Contact Information**

Diocesan Staff Contact:

Diocesan Contact Job Title:

Street Address:

City, State, Zip:

Diocesan Contact E-mail:

Office Phone:

**Onsite Contact**

*Such as Pastor or Onsite Project/Program Manager*

Onsite Contact Name:

Onsite Contact Job Title:

Street Address:

City, State, Zip:

Onsite Contact E-mail:

Office Phone:

**Please list the Bishop or Administrator of the Extension Diocese who has given endorsement**

Bishop Name:

Bishop Title:

Street Address:

City, State, Zip:

**Basic Request Information**

**Title of Program or Project** *(10 words or less)*:

**Total Grant Amount Requested:**

*If you are asking for multi-year funding, please complete the multi-year funding information below. Priority consideration in multi-year grants will be given to those who can provide plans for decreasing funding levels with a plan for program self-sustainability.*

***Multi-Year Grant Requests Only:***

*If this is a request for multi-year funding, please check this box and complete the following year by year funding fields. Otherwise, please skip this box.*

Year 1 Grant Amount:

Year 2 Grant Amount:

Year 3 Grant Amount:

**Please describe the basic need for which you seek funding and how the grant funds will be applied** (400 words or less):

**If this grant were to be summarized into a 1-2 sentence description for a donor, what would that be?** (100 words or less. Please be clear about how the grant funding will be used and the impact it can provide.):

**People Served**

**Primary ethnic group funding proposes to serve**

*While we understand that many parishes and ministries are multicultural, it is helpful to know the primary group that will be assisted by this funding. If there are multiple that could be selected, please note this in the main grant description on the "Basic Request Information" tab.*

**Please enter the total number of families that this program/project ministry proposes to directly serve during the year of the grant**. (Number of families cannot be larger than the number of people entered below):

**Please enter the total number of people that this parish or ministry proposes to directly serve during the year of the grant.**

**Need**

**Why at this particular moment is there a financial need for this grant?** *(100 words or less)*

**If approved, please specify an appropriate time frame for payment of this grant. Why is this time frame favorable to your financial needs?** *(100 words or less)*

**What is the particular importance or relevance of this program, parish or ministerial outreach (i.e. only program of its kind, only parish in particular county, etc.)** *(500 words or less)*

**If your grant request is for a mission church or capilla, please describe its staffing and financial relationship to nearby parishes, if any.** *(100 words or less)*

**How many miles away is the nearest church or comparable service provider?**

**Catholic Extension Grant History**

**Has this particular ministry or organization ever received funding from Catholic Extension? If so, please explain.** *(150 words or less. This can help us tell a narrative about our history with this parish or ministry.)*

**Previous Grant Amount** *(If known, or otherwise leave blank):*

**Approximate Previous Grant Date** *(If known, or otherwise leave blank):*

**If you are from a parish, do you currently purchase or have a sponsor purchase calendars for you?**

**If yes, who is your calendar vendor?**

*This answer does not have any impact on our funding decision, but is only for information-collecting purposes*

**Revenue and Expenses**

**Please list the other major sponsor(s) of this program or project and the amount of funds that they will supply.**

Source Name 1

Source Amount 1

Source Name 2

Source Amount 2

Source Name 3

Source Amount 3

**What are the total expenses for this program/project during the proposed grant year?**

Please list the expense(s) to which the proposed grant funds will apply during the grant year:

Expense Name

Expense Amount

Expense Name

Expense Amount

Expense Name

Expense Amount

Expense Name

Expense Amount

Expense Name

Expense Amount

Please list your previous total revenue as indicated below, if applicable.

2 years ago

1 year ago

Current year

Please list your previous total expenses as indicated below, if applicable.

2 years ago

1 year ago

Current year

**Please explain significant revenue and/or expense variations, if any.**

**Reporting Requirements**

**Do you anticipate a need for this funding again in the future?** *(Yes/No)*

**Where do you see opportunity for making progress in this program toward greater financial self-sustainability?** *(200 words or less)*

All grants funded will be expected to provide a report at the end of their grant timeline. This will include asking the recipient to report back on the goals and measurements entered below, and reflecting on the impact these measurable achievements had on the program's overall mission.

**Please outline the goals for this grant, if funded:** *(250 words or less)*

**What data will you track to measure the impact of this parish or ministry?** *(250 words or less)*

*Some examples of metrics to track:*

* *Number of people served*
* *Hours of service or formation provided*
* *Number or frequency of activities/events held*
* *Increase in revenues, attendance, or budget goals*
* *Etc.*

**Attachments**

To complete this online application, please provide additional documentation by uploading your electronic files as separate attachments (when necessary, as required by the guidelines). The descriptions of the documents which correspond to the attachment headings are as follows:

Required Documents:

* Endorsement Letter: Letter of endorsement from diocesan bishop (one letter is sufficient for simultaneously submitted applications).
* Budget: Program Budget for year or term of the grant.

Optional Documents

* Photographs: Photos of the parish, grant recipient, activities, or anything else related to this request. All photos must be uploaded in .jpg, .jpeg, .png, or .gif file formats.
* Other Attachment - Any other document you would like to include to help inform our decision.