

The Foundation of the Roman Catholic Diocese of Buffalo Grant Application Worksheet

v. 18.10.2A

Before filling out this application, please confirm that you have read and understand the Grant Guidelines (provided at www.FRCDB.org/grants/foundation). You also know that progress will not be saved. *

I have read and understand the Grant Guidelines

Catholic Ministry or Organization *

You must be listed in the official Catholic Directory for The Diocese of Buffalo

Address *

Street Address

Street Address Line 2

City

State/Province

Postal/ZIP Code

Country

PROPOSAL SUMMARY, including

- Project description
- Total Cost of Project and Amount Requested

Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made. Also, explain how this grant will further the educational, charitable, or religious purposes of the Catholic Church in the Diocese of Buffalo. *

Main Contact Person for Grant Site Visit *

First Name

Last Name

Phone Number *

Title *

Email for Main Contact Person *

Total Cost of Project *

Amount Requested *

Other sources of funding for this Grant Request

- Other Grants
- Community Partner Donations
- Fundraiser or Miscellaneous Donations
- Funds from School or Parish Budget
- Other Funding Source

If 'Other Grants,' amount

If 'Community Partner Donations,' amount

If 'Fundraiser or Miscellaneous Donations,' amount

If 'Funds from School or Parish Budget,' amount

If 'Other Funding Source,' amount

When do you anticipate starting the project? *

 - -

Month

Day

Year

When do you anticipate the completion date? *

 - -

Month

Day

Year

Has the FRCDB funded this project or any other program with your organization before? *

- Yes
- No

If 'Yes,' amount

Project name and purpose

Status (select one)

Date

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Month		Day		Year

By clicking below, I verify that the organization applying for this grant currently has a tax exemption under the Internal Revenue Code 501(c)(3) and is not classified as 'a private foundation' as defined under Code section 509(a). This digital signature is made as one who is authorized to do so on behalf of the applied organization

- I verify my organization's tax exemption status

By clicking below, I verify that I am either the Pastor, if church; Pastor & Principal, if school; Pastoral Administrator; Department Head; and/or Program Director of the party making this grant request or that I am submitting the grant request on their behalf with their consent and approval. This digital signature is made as one who is authorized to do so on behalf of the applied organization.

- I verify my authorization to submit this information

Name of person completing form *

Email address of person completing form *

Title of person completing form *

Date Completed *

UPLOAD 1: Detailed Description of Initiative Seeking Grant Support. Upload a Word document or PDF containing the following information (two pages maximum):

Background of your organization. Describe the work of your organization, addressing each of the following:

1. A brief description of its history, mission, and targeted service group.
2. Current programs and accomplishments. Please describe measurable achievements of the recent past.
3. Your Organization's relationships with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other agencies.

Funding request. Please be specific and describe the program (project) for which you seek funding. Please refer to the Grant Guidelines for more information about requirements and conditions for a grant request, at minimum your grant request most address the Guideline requirements of Accountability, Catholic Centered, Co-Funding Sources, Collaboration, Compliance, Cost-Effective, Leadership, Need & Readiness, Sustainability Strategy, Transformational, and contain the following:

1. A statement of the program's primary purpose and the need or problem that you are seeking to address and how it helps fulfill your mission.
2. Explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have archived by the end of the funding period.
3. The population that you plan to serve and how this population will benefit from the project (be specific on numbers).
4. Are other organizations able to assist you in the implementation of the project, and if so, how?
5. Does project require future funds? If so, how will these be obtained?
6. Is this project one of the top three needs of your organization? Identify those priorities and indicate how this grant request meets those priorities.
7. Is this grant request part of a written strategic (or capital) plan? If so, please describe.

Project Budget. Set forth a detailed budget for this project identifying each cost that will be incurred and for which you are seeking a grant.

The project budget can be part of the narrative or uploaded as a separate document.

FILE UPLOAD: Please upload **Narrative Document ***

FILE UPLOAD: If using a **Separate Document for the Grant Budget**, please upload

UPLOAD 2: Project Pricing Support for ALL grant costs

Two (2) Sources of Vendor Pricing (such as quotes, invoices, purchase orders, statement of services, competitive bids, proposals or catalog information which identifies the seller, item description and cost), **is required for items over \$250.** (* if single source supplier please provide letter or if a certain vendor is preferred even though price is not the lowest please explain why) Computer equipment/technology requests must also include a copy of the technology plan and a training component or explanation why none is needed. If needed, a bid can be secured from Central Purchasing by contacting Shelley Pacillo at spacillo@buffalodiocese.org or 716.847.8711.

FILE UPLOAD: Please upload **Bid and/or Vendor Pricing Documents ***

UPLOAD 3-5: Financial Reporting Please provide:

Prior year and current year **OPERATING BUDGET** with revenue and expenses.

List of **PARISH COUNCIL, EXECUTIVE BOARD, or BOARD OF TRUSTEE** members for your parish or Catholic ministry.

FILE UPLOAD: Please upload **Prior Year Operating Budget ***

FILE UPLOAD: Please upload **Current Year Operating Budget ***

FILE UPLOAD: Please upload **Parish Council or Board ***

UPLOAD 6: Other Supporting Materials **Important:** *your request will not be considered without the following information, as applicable:*

Letter of Recommendation for project support from a member of the Bishop's Council of the Laity, a recipient of the St. Joseph the Worker Award, a Board Member of the FRCDB, Christ the King Seminary, or Catholic Charities of Buffalo, the Diocesan Director of Evangelization, or the Diocesan Director of Catechists.

FILE UPLOAD: Please upload **Letter of Recommendation ***

UPLOAD 7: Other

Please upload any other document you feel is relevant to this request here.

FILE UPLOAD: Please upload any **Other Document** that is relevant to your grant request *

QUESTION: SHOULD ^^ BE * ?

IF NECESSARY: Please include any question you may have about this application. Someone from our office will respond within 2 business days.

End of Application.