



The Idaho Catholic Foundation, Inc.

# Grant Application

Organization Information	
NAME	
PARISH/SCHOOL	
STREET ADDRESS	
CITY	ZIP CODE
TYPE OF GRANT	<input type="checkbox"/> Charitable Works of the Church - Local Parish Community Endowment <input type="checkbox"/> Catholic Parish Faith Formation Endowment

Proposal Summary	
PROJECT DESCRIPTION: <b>BRIEFLY</b> EXPLAIN WHY YOUR PARISH/SCHOOL/MINISTRY IS REQUESTING THIS GRANT, WHAT OUTCOMES YOU HOPE TO ACHIEVE, AND HOW YOU WILL SPEND THE FUNDS. (ATTACH FULL DESCRIPTION IN THE <b>NARRATIVE</b> , SEPARATELY.)	
TOTAL COST OF PROJECT \$	GRANT AMOUNT REQUESTED \$

Organization Approvals	
SIGNATURES: MY SIGNATURE VERIFIES 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). MY SIGNATURE IS MADE AS ONE WHO IS AUTHORIZED TO DO SO ON BEHALF OF THE APPLYING ORGANIZATION.	
PROJECT DIRECTOR SIGNATURE	PRIEST, PRINCIPAL, MINISTRY LEADER SIGNATURE
DATE SIGNED	DATE SIGNED



## Grant Application

Project Information			
PROJECT MANAGER			
TITLE			
PHONE NUMBER			
EMAIL			
NUMBER PAID FULL-TIME:	NUMBER OF VOLUNTEERS:	NUMBER OF ADDITIONAL STAFF REQUIRED FOR THIS PROJECT, IF ANY:	
STARTING DATE	COMPLETION DATE	SERVICES BEGIN	6-MONTH REPORT DUE DATE

ICF Grant History		
HAS THE IDAHO CATHOLIC FOUNDATION FUNDED THIS PROJECT OR ANY OTHER PROJECT OR PROGRAM WITH YOUR ORGANIZATION BEFORE?  <input type="checkbox"/> No  <input type="checkbox"/> Yes: Please enter dates and amounts of each	DATE OF GRANT	AMOUNT OF GRANT
	1	1
	2	2
	3	3



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Narrative: one page maximum (see Guidelines)	
BACKGROUND	BRIEFLY DESCRIBE THE WORK OF YOUR ORGANIZATION.
FUNDING REQUEST	PLEASE DESCRIBE THE PROGRAM (PROJECT) FOR WHICH YOU SEEK FUNDING.
THE BUDGET	IDENTIFY THE SPECIFIC USES OF THE REQUESTED GRANT.
INCOME SOURCES	LIST ALL SOURCES OF INCOME FOR THE PROJECT.
EVALUATION	LIST CRITERIA TO MEASURE EFFECTIVENESS OF A SUCCESSFUL PROGRAM.