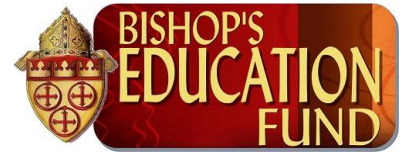


APPLICATION



PARISH INFORMATION

Parish Name:

Address:

City, State, Zip:

Parish Phone Number:

E-mail Address:

Person Completing Application:

FUNDING INFORMATION

Explain funding request / Describe the program or materials requested.

List the total cost of the program and an explanation.

Funding Amount Requested:

\$

Date Funding is Needed:

Other sources of financial support (parish, parish organizations, personal, etc.)

Have you received funding from the New Evangelization Grant in the past? If so, please describe project and when funding was received.

PROGRAM / MATERIALS INFORMATION.

How will the program / materials be successfully utilized and funded beyond the year the grant is given?

What are some anticipated successes and difficulties in executing this initiative?

Additional Comments

SUPPLEMENTARY RECORDS NEEDED

Please include the following with your application:

- Detailed description of the grant request including the total costs of the program must be included with the application (Example: submit a pending invoice, contract, or item description including cost)

In making this application, I recognize my responsibility to utilize the allocated funds as outlined above.

Signature of Applicant

Date

Signature of Pastor

Date

Please send this form to:
Diocese of Sioux City
ATTN: New Evangelization Grant
PO Box 3379
Sioux City, IA 51102

E-mail: karis@scdiocese.org

Online forms are available at www.scdiocese.org