

# THE PARISH LIFE SECRETARIAT

## APPLICATION FOR GRANT IN 2017 – Funds Received in 2018

### *From the Commission for the Catholic Missions Among the African American and Native American People*

1. Name of Project/Proposal: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number with area code: \_\_\_\_\_

Submitted by Parish/Organization: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Contact Person (Person signing this application should be identified here)

Name: \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number with area code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Total Budget for Project \$ \_\_\_\_\_

Expenditure:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Amount requested from this grant: \$ \_\_\_\_\_

4. Have you requested funds from other sources for this project? Yes ( ) No ( )

If yes, please complete the following:

Organization \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_

5. Please describe your program: Title: \_\_\_\_\_

*What is the purpose of this program?*

*Please be specific in describing the project in regard to Catholic evangelization.*

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*How many people will be involved and who are they?*

*(e.g.: those with no church affiliation, alienated Catholics, inactive Catholics)*

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*Time span* (The grant award is usually divided in half – and usually is given out six months apart)

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*What are your plans for implementing this program? Who will direct the program, what resources are needed, do you expect the program to continue beyond one year?*

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6. Which parishes/groups are participating in this project:

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7. Any additional comments or information you wish to share?

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Pastor (if applicable)

Approved by: \_\_\_\_\_  
Secretary for Parish Life and Development

**Please return this completed form by 01 May 2017 to:**

Sister Rita Mary Harwood. S.N.D.  
Secretary for Parish Life and Development  
1404 East Ninth Street  
Cleveland, Ohio 44114

If you have any questions please  
call: (216) 696-6525 or  
1-800-869-6525, extension 3500.

# **AFRICAN AMERICAN – NATIVE AMERICAN GRANT PROPOSAL**

## **CRITERIA and GUIDELINES**

### **1. CRITERIA**

- a. Grant money is given for projects whose specific purpose is Catholic evangelization within the African American or Native American community.
- b. Projects must be initiated and carried out by the Catholic Community: parishes, schools, offices, organizations.
- c. Preference will be given to those efforts which are collaborative; i.e. those that will benefit several parish communities, those which reflect parish/school cooperation, parish/diocesan office cooperation, parish/organization cooperation.
- d. Projects that are innovative and creative, as well as those which build on previous efforts, are encouraged.
- e. Grant applications should be submitted on the Grant Application Form or should be attached to the application form. A response to all areas of application is expected. Grants which do not include sufficient information will not be considered by the review board.

### **2. GUIDELINES**

- a. Money requested to fund a salary may cover a maximum of 25% of that salary. The money will not be allocated for benefits. The source covering the remaining portion of the salary and benefits should be indicated.
- b. Ordinarily transportation, food, musical instruments, and large pieces of equipment will not be covered by the grant allocation.
- c. The grant amount is not limited. However, the decision of the grant review board is influenced by a consideration of the number of applications received, the spirit of collaboration evident between the groups, the number of people involved in the program and the need in the area.