Saint Catherine Congregation Endowment Fund

Funding Application

Saint Catherine Catholic Church 5101 West Center Street Milwaukee, WI 53210 414-445-5115

This application has been developed for the purpose of encouraging careful thought and concise language in describing the project or program for which funding is being requested.

This is the exact format and application you are to use or your request cannot be considered.

Are you applying as : Organization Affiliate to a Parent Individual		
Legal Name of Organization, and/or Affiliate or Individual:		
Address:		
Phone Number:		
Email Address:		
Contact Name &Title:		
Key Staff Members:		
Primary Service Area Served by Your Organization(s)		
Social Services/Human ConcernsEducation		
Saint Catherine Church (51st Center) Physical Plant Only		
Primary Geographical Area Served by your Organization:		
Population Number Served:		
Dollar Amount Requested:		

Briefly describe your	organization's mission, purpose or objectives:
Describe the need be you are requesting fu	eing met by this program and please be specific to the program in which unding:
Will this funding cont	tribute to a self sustaining program in the future? If so how?
Do you receive any f	unding from either state or federal agencies? If so how much?
SUPPORTING DOCL	JMENTATION AND ATTACHMENTS
Please provide the fo	ollowing:
-	completed full year financial statement i.e. revenue, expenses and e sheet.
• • •	r IRS Determination Letter. Churches should provide a copy of their ion or Articles of Incorporation.
Signature of Primary	Contact:
Please Print:	
Title:	Date:
Signature of Officer of	or Board Member indicating organizational approval of request.
	Date:
Please Print:	Title:

Please return this application and all supporting documentation to:

Saint Catherine Catholic Church, Attention: Endowment Fund Task Force, 5101 West Center Street Milwaukee, WI 53210