

**Saint Catherine Congregation Endowment Funding Application Funding Application –
ORGANIZATIONAL or PROJECT RELATED**

(Note: those seeking individual / tuition reimbursement have a different application to complete)

We welcome your interest in seeking funding support from St Catherine.

Funding applications must use this form, or your request cannot be considered. Your application must be complete and include or attach all relevant information supporting your request. Do not direct reviewers to other reports or websites.

Each application will be reviewed based on the following criteria:

The request in this Application...

1. Is important, and it fits well with the priorities and mission of the Parish¹.
2. Is clear and detailed with specific goals, including who/how many people are expected to benefit.
3. Lists key people and/or partners who support and/or may have meaningful roles.
4. Includes personnel with the background and experience to meet stated goals.
5. Shows a feasible implementation plan, e.g., anticipating needed resources, steps, or timetable.
6. Includes an evaluation plan, with clear / measurable outcomes.
7. Seeks funding support that is reasonable and necessary.

Prior to submission, we strongly encourage applicants to have one or more trusted person/s “proofread” the application for clarity, accuracy, and alignment with above review criteria.

Applicant Details

Are you (check one): From St Catherine Outside of St Catherine

Name of Organizational Initiative or Project:

Main Contact Person (title, if appropriate): _____

Address: _____

Phone Number: _____

Email Address: _____

Main contact person’s connection to St. Catherine Parish: _____

Other key people who will be involved in administering / implementing this project, if funded:

¹ See the parish website/homepage.

The primary focus of the project / activity that is the focus of his application (circle or highlight):

- Social Services/Human Concerns
- Education
- Saint Catherine Church (51st Center) Physical Plant / Building and Grounds
- Other _____ -

Primary Geographical Area Served by this project: _____

Population to be Served: _____

Number to be Served: _____

Dollar Amount Requested: _____

Proposal Details

A. Briefly describe:

1) Your program/project including those who will be responsible for its implementation:

2) The need for the program/project (i.e., what gap will the project fill?)

3) In what way/s does this project align with the mission/priorities of St Catherine Parish?

B. Outline the project goals or program steps, including any sources of local input and /or partners with whom you have consulted or with whom you may collaborate.

C. How will the effectiveness of this program/project be evaluated? Be specific about the outcomes you anticipate and the way you'll measure success.

- D. Our goal is not to be the exclusive source of funding. Have you sought or received additional funding for this project from other sources? If so, how much and from whom? Please be specific.
- E. When do you expect that the project or program will be completed (for some, this might be a date of partial completion or when funds have been fully used)?

NOTES: If funded, the awardee and / or the applicant agree to the following:

1. A written or oral report about the project and its outcomes will be provided upon completion of the funded activity, or upon request of the Endowment Fund Committee.
2. If the awardee is an organization outside of St Catherine, any reports or public-facing websites about the project or outcomes will acknowledge St Catherine Endowment funding.

SUPPORTING DOCUMENTATION AND ATTACHMENTS. Please provide the following:

If the applicant organization is outside of St Catherine Parish, provide the most recently completed full year financial statement (i.e. revenue, expenses and balance sheet).

Signature of Primary Contact: _____

Please Print: _____

Title: _____ Date: _____

Return this completed application and requested documentation to:

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

Applicant – do not fill in the area below.

St Catherine Pastor or his designee, indicating approval of this application.

Signature _____ Date: _____

Print Name: _____ Title: _____