

THE CATHOLIC FOUNDATION  
OF NORTHWEST FLORIDA

*DIOCESE OF PENSACOLA-TALLAHASSEE*



**2017 MARCH FOR LIFE GRANT APPLICATION**

Amount of Grant Request (up to \$1,000):

Name of parish or organization:

Address:

City:

State:

ZIP:

Name of primary contact (Position/Title):

Phone #:

E-mail:

Web address (if one exists for your organization):

Name of organization (if different from one given above):

Address (if different from address given above):

Please list two persons, independent of your organization, who could give information regarding your efforts:

Name

Phone #

E-mail

Name

Phone #

E-mail

**Organization description**

Please tell us:

1. What your organization does

2. Number of volunteers/paid staff

3. Approximately how many people you intend to take to the March.

What is your present source of funding?

Please describe how grant funds will be used:

---

Signature of appropriate staff (pastor, principal, administrator, etc.) indicating his/her knowledge and approval of the grant application:

---

Print name

Title

If your application is approved, the process for receiving the award check will be done in the following manner:

(Please note: Checks cannot be made payable to an individual.)

Parishes: The check will be made payable to your parish, designated for the "March for Life". A copy of the disbursement letter will be sent to the contact person.

All other organizations: The check will be made payable to the organization, designated for the "March for Life". A copy of the disbursement letter will be sent to the contact person .