



**Nazareth Legacy Fund for Mission
Sisters of St. Francis of Peace
20 Ridge Street
Haverstraw, NY 10927**

GRANT APPLICATION

Date: _____

Name of 501(c) 3 Organization: _____

****Please enclose documentation for 501(c) 3 Organization.***

Project Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact person: _____

Telephone: _____ Email: _____

Amount requested: _____

1. Summarize the religious, charitable, or educational purpose of the request and how it relates to the purpose of the Nazareth Legacy Fund for Mission.

2. How will the purpose of the project be achieved?

9. How will the project be evaluated?

Name of Evaluator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

The Evaluation Report must be completed within 12 months of the receipt of the funds, providing an accounting of how the grant monies were spent, and should be sent to:

Chairperson, Nazareth Legacy Fund for Mission Committee
Sisters of St. Francis of Peace
20 Ridge Street, Haverstraw, NY 10927