

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 Organizat	ion:	
*Please enclose documento	ation for 501(c) 3 Organizati	on.
Project Title:		
Address:		
		Zip Code:
Contact person:		
Telephone:	Email:	
Amount requested:		
•	ous, charitable, or education e of the Nazareth Legacy Fur	al purpose of the request and how indicate for Mission.

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

3.	Who will have the primary responsibility for the implementation of the project?
4.	Who will be the primary beneficiaries of this project? How many will benefit from this project?
5.	What is the proposed timeline for this project (start/end dates)?
6.	What is the total cost of the project? Please submit a detailed budget for the project.
7.	Has any other money been raised for the project or currently being sought for this project? If yes, from whom and how much money?
8.	If applicable, how will the project be sustained after the funding period has expired?

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

8/2020