

2020 RICE BOWL GRANT APPLICATION



Before filling in the application below, please read the Criteria and Guidelines

DATE :

AMOUNT OF GRANT REQUEST: \$

NAME OF PARISH OR ORGANIZATION:

ADDRESS: CITY: ZIP:

CONTACT PERSON: POSITION/TITLE:

DAYTIME PHONE: EMAIL

WEBSITE ADDRESS (if one exists for your organization/project):

NAME OF PROGRAM/PROJECT (if applicable):

ADDRESS (if different from above): CITY: ZIP:

List two persons or organizations, independent of your program, project, organization, who could give information regarding your efforts.

1. Name:

2. Name:

Daytime phone:

Daytime phone:

E-Mail Address:

E-Mail Address:

ONLY Catholic parishes need to complete this highlighted section.

For applications made by a parish, the appropriate parish staff person's signature is required indicating his/her knowledge and approval of the grant application.

Signature:

Date:

Name/Title (please print):

NAME OF ORGANIZATION OR PARISH:

(1) your present services:

PROGRAM DESCRIPTION: |
Please tell us

(2) number of volunteers and/or paid staff;

(3) approximately how many people you serve;

Please feel free to attach additional information.

What was your total program income last year? \$

What is your present source(s) of funding for FOOD ONLY? (Government, Private Donations, etc.)

How does this fit in with existing food programs in your service area?

How will CRS Rice Bowl and/or Catholic Charities Solidarity Team be acknowledged, should you receive a grant? Is it possible for you to continue a CRS Rice Bowl campaign in your institution?

Describe how RICE BOWL funds would be used.

