



Vermont Catholic Charities, Inc.

GRANT APPLICATION FOR BISHOP deGOESBRIAND APPEAL FOR HUMAN ADVANCEMENT

APPLICATION DEADLINE: March 1, 2020

Organization _____

Proposed Project Title _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Website _____ E-mail _____

EIN _____

Please answer each of the following questions. Include this application (cover page) form and no more than three additional typewritten pages. Please label your answers to correspond to the questions. Please note that grants vary in amounts up to \$5,000.

Program Profile: What is the mission of the organization? Please indicate why these programs and projects are needed and how many individuals benefit from them. What is the agency's overall operating budget?

Project Profile: Describe the project for which you are seeking funds and describe its purpose. What do you wish to accomplish? What is the time frame? How many individuals will benefit from this project?

Funding and Self sufficiency

What is the budget for this project? How much funding has been raised for this project? Please outline anticipated expenses including administrative costs and sources of funding. Please specify amount needed from the Appeal.

Three (3) copies of all documents must be submitted.

- 1 electronic copy in PDF format to: charities@vermontcatholic.org
- 2 hard copies by mail (do not fax) to: Vermont Catholic Charities, Inc.,
55 Joy Drive, South Burlington, VT 05403

Please create application packets in the following order, collated and stapled. (Cover page, Program Profile, Project Profile and Funding). Please do not use binders or folders.

I, the undersigned agree that the information provided in this Application is an honest and accurate representation of the proposed grant, and that by signing on behalf of _____ (name of agency) I am an authorized representative of said agency.

Authorized Agent

Print Name

Date