

Catholic Diocese of Richmond
2024 Grant Application
Diocesan Home Mission Program

1. Parish Name: _____

2. Address: _____

3. Contact Person: _____

4. Phone Number: _____

5. Email: _____

6. Describe the purpose and use of the funds you are requesting from the Home Missions funds:

7. Grant Amount Requested: \$ _____

8. Projected date funds are needed: _____

9. List the principal cost elements and indicate the projected amount:
(Attach copy of proposals received, minimum of two suggested and other supporting documents)

10. Total Project Cost: \$ _____

11. How will the proposed project be paid for? (It is expected that the parish will participate to the extent of 20% of the total cost.)

Funds on Hand	\$ _____
Funds Anticipated by Source:	\$ _____
	\$ _____
	\$ _____

Total Funds (Must equal total project cost on line 9) \$ _____

12. Has the applying entity received diocesan funding in the past? ☐Yes ☐No
Please list:

13. Please provide any other information that you believe would be helpful to the grant committee in considering your request.

Application Certification:

I have read the Grant Application Guidelines and to the best of my knowledge we qualify to apply. The information in this application and all attachments are true and accurate to the best of my knowledge. I understand that eligibility does not guarantee funding.

Contact Person:

Name: *(printed)* _____ Title: _____

Signature: _____ Date: _____

Pastor's signature:

Name: *(printed)* _____

Signature: _____ Date: _____

Please send the completed application, along with your supporting materials to:

**Diocesan Home Missions Grant Application
Catholic Diocese of Richmond
7800 Carousel Lane
Richmond VA 23294-4201
Attn: Deacon Bob Young
OR VIA e-mail: byoung@richmonddiocese.org**

Application Deadline: May 31, 2024 RECEIVED or E-MAILED