CRS RICE BOWL GRANT APPLICATION

APPLICATION DEADLINE: **Friday November 8, 2019**Send via postal service or e-mail to:
Donna M Pearson, Parish Social Ministry/CRS
Catholic Charities St. Francis Center
100 West 20th Street
Riviera Beach, FL 33404

dpearson@ccdpb.org

To send by FAX, please call 561-360-3327 to request FAX number.

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

DATE:	_//2019	AMOUNT OF GRANT R	EQUEST (limit of \$500):					
NAME OF ORGANIZATION,	SCHOOL, OR PARISH:_							
ADDRESS:		CITY:	ZIP:					
NAME OF PROGRAM OR PR	ROJECT:							
CONTACT PERSON:	POSITION/TITLE:							
DAYTIME PHONE: ()	EMAII	L ADDRESS:						
ADDRESS OF PROGRAM OR PROJECT IF DIFFERENT FROM ABOVE:								
		CITY:	ZIP:					
PROGRAM DESCRIPTION (Please use ONLY the space)			e and how many people deditional information.)	pes it serve?				

What is your	r total annual income fo	or this program? \$					
What percer	ntage of this was used fo	or direct aid in the foll	owing areas:				
Food	Clothing	Medical	Shelter				
	r present source(s) of funt, private donations, et		r the project for w	/hich you are rec	juesting the grant?		
Are you awa	are of any changes in fur	nding for the coming y	ear?				
Describe ho	w CRS RICE BOWL fund	de would be used and	how you would de	ocument its usas	· • ·		
Describe no.	W CR3 RICE DOVVE IMIN	5 WUUIU DE USEU UIIG I	10W you would ac	Cument its asa _b	e.		
How will CRS and CRS Rice Bowl be highlighted in your program?							
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	riate pastor, principal o wledge and approval of			nature is require	<u>ed indicating</u>		
Signature			Date		_/		
Name (pleas	se print)		Title				
If your appli	lication is approved, the	e process for receiving	the award check v	will be done in th	ne following		
'	d Schools: The check w ne parish or the school o	• •		•	_		
ALL OTHER	ORGANIZATIONS: The	check will be made pa	yable to and maile	ed to the organize	ation or its fiscal		

agent. Checks will not be made payable to an individual.