**Rooted in Faith – Forward in Hope 2018**

*Strengthening Our Faith Grant Application – Cover Sheet*

*(Please drag this form onto your desktop, complete it and email it back to leppich@dioceseofcleveland.org.)*

Name of Applicant

Title

Parish Name

Parish Address

City

Zip Code

Parish Phone

Applicant extension

Applicant email

Contact Person if different from Applicant

Phone number/extension, if applicable, of Contact Person

Federal Tax ID

Tax Status

DRE/Pastoral Minister Signature of Approval

Pastor Signature of Approval

Project/Program Amount Being Requested (in whole numbers)

Category of Grant: Please check: Sacramental Formation of Children by Parent

Young Adult Formation including Newman Campus Ministry

Parish School of Religion Adult Education

**Project/Program Title**

*Please briefly describe your project/program in 10 words or less*. You will have an opportunity to fully describe your project below. Examples: development and implementation of Sacramental preparation materials for parents/guardians for use with their children; support for Parish Schools of Religion to strengthen volunteer catechist formation, and curricular programming with service and retreat opportunities for students; enhancement of opportunities for young adults in Newman Campus Ministry to connect with their parishes and to deepen their faith; strengthening adult faith formation within parishes and diocesan-wide including a website dedicated to adult faith formation resources.

**Project Name:**

**Project Start Date:**

**Project End Date:**

**Project Description** (See Suggested Criteria online under Catechetical Leader at [http://www.ocfecleveland.org](http://www.ocfecleveland.org/) for the areas funded by this grant program for assistance in writing your description.)

**Explain the project/program to be funded by this request.**

* How will this advance your mission?
* How does it support the accomplishment of your parish goals? Which goals?
* What activities will ensure that you have met your goal(s) and objectives?
* When the project/program is completed, what do you hope will have been accomplished?
* If a program, do you anticipate it to be ongoing? Does your budget include a request for funding to continue the program? How will you measure success of the program/project?

**Numbers served by the program/project**

How many children/parents/adolescents/young adults/adults (indicate which group this program/project targets) will be given opportunities to strengthen their faith through this program/project?

**Project Budget**

What is the total cost of the program/project? Whole numbers only

Attach separate Budget Sheet with estimated line items for materials, resources, equipment and services

**Please e-mail completed application to** [**leppich@dioceseofcleveland.org**](mailto:leppich@dioceseofcleveland.org) **or mail a hard-copy to:**

**Lori Eppich**

**Office for Catechetical Formation and Education 1404 East Ninth Street, 2nd Floor**

**Cleveland, OH 44114**

**Grant Applications for Round SEVEN of *Strengthening Our Faith* are due between**

**October 8, 2018 through**

**November 30, 2018.**

**Grants for Round SEVEN will be decided**

**by Mid-January, 2019.**

# Grant Awards will be presented

# Mid- February 2019

# *Location and Date to be announced.*

**Strengthening Our Faith 2018**

**Budget Form**

|  |
| --- |
| 1.) Please provide a copy of the Parish/School most current financial statements. (Balance Sheet and Income and Expense Statement) |
| 2.) Please provide a copy of the Parish/School Operating Budget for the current fiscal year. |
| 3.) Any other financial information available that will assist in this distribution process. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DISTRIBUTION REQUEST—PROJECT BUDGET** | | | | |
| **Program/Project Title** | | | |  |
| Program/Project Costs: | | | |  |
| — Staffing | | | | $ |
| — Equipment | | | | $ |
| — Catechetical Materials | | | | $ |
| — Stipends | | | | $ |
| — Other Costs | | | | $ |
| Total Program/Project Costs | | | | $ |
|  | | | |  |
|  | | | |  |
| Community served | | | |  |
| Number of people to be served by this Program/Project | | | |  |
|  | | | |  |
| **TYPE OF REQUEST** (check all that apply) | | | | |
| Sacramental  Adult Education | | | Parish School of Religion Youth/Young Adult | |
|  |  | **SIGNATURES** | | |
| Signature of Pastor/Administrator: | | | |  |
| Prepared by: | | | |  |
| Contact Person: | | | |  |
| Phone: | | | | Email: |