

Rooted in Faith – Forward in Hope 2020
Strengthening Our Faith Grant Application – Cover Sheet

*(Please save this form to your desktop, complete and return via email or US MAIL to
Lori Eppich - 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) _____

Maximum Request \$25,000

Category of Grant:

Please check:

Sacramental Formation of Children by Parent

Young Adult Formation including Newman Campus Ministry

Parish School of Religion

Adult Education

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*Strengthening Our Faith Grant Application –
Project Explanation*

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 - attached and available under the Parish Catechetical Leader Group on the DigitalAcademy 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?

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- 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?

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Project Explanation*

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 or mail a hard-copy

to:

Lori Eppich
Office of Catholic Education
1404 East Ninth Street, 2nd Floor
Cleveland, OH 44114

Grant Applications for Round Ten of
***Strengthening Our Faith* are due**
November 16, 2020

Grants for Round Ten will be decided
in December 2020

Grant Awards will be presented
January 2020

Strengthening Our Faith 2020 Budget Form

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| 1.) Please provide a copy of the Parish/School <u>most current financial statements.</u>
(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)	
<input type="checkbox"/> Sacramental	<input type="checkbox"/> Parish School of Religion
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Youth/Young Adult
SIGNATURES	
Signature of Pastor/Administrator:	
Prepared by:	
Contact Person:	
Phone:	Email: