



***The Diocese of Cleveland
Request for Fund Development Support***

ORGANIZATIONAL INFORMATION:

NAME OF DIOCESAN ENTITY _____ SECRETARIAT _____

PERSON COMPLETING FORM _____ TITLE _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

PROJECT INFORMATION:

Briefly describe, in the space provided, what you are seeking funding for and who will be served by this funding:

Amount needed: \$ _____ Duration of Project: _____

What type of funding do you need? (Check one)

Capital Endowment Operating Program

Will this project require:

Additional staff? ^{yes} ^{no} New space or remodeling? ^{yes} ^{no} Consultants? ^{yes} ^{no}

Check all of the variables that you believe relate to your organization:

- | | | |
|--|---|---|
| <input type="checkbox"/> adult faith formation | <input type="checkbox"/> disadvantaged/poverty | <input type="checkbox"/> mental health |
| <input type="checkbox"/> advocacy | <input type="checkbox"/> ecumenical/inter-faith | <input type="checkbox"/> older adults |
| <input type="checkbox"/> African-American community | <input type="checkbox"/> ethnic populations | <input type="checkbox"/> partnership building |
| <input type="checkbox"/> at risk population | <input type="checkbox"/> families | <input type="checkbox"/> peace |
| <input type="checkbox"/> Catholic elementary education | <input type="checkbox"/> general social welfare | <input type="checkbox"/> pastoral ministry |
| <input type="checkbox"/> Catholic secondary education | <input type="checkbox"/> health | <input type="checkbox"/> planning |
| <input type="checkbox"/> C.P.L. | <input type="checkbox"/> Hispanic community | <input type="checkbox"/> priestly formation |
| <input type="checkbox"/> children/youth | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> recreation |
| <input type="checkbox"/> cross-cultural sensitivity | <input type="checkbox"/> immigrants/refugees | <input type="checkbox"/> rural |
| <input type="checkbox"/> conference/seminar | <input type="checkbox"/> land use/acquisition | <input type="checkbox"/> vocational training |
| <input type="checkbox"/> disabilities | <input type="checkbox"/> leadership development | <input type="checkbox"/> women |

BUDGET INFORMATION:

What is your annual budget? \$ _____

From where do your revenues come?

| | | |
|-----------------------|-------|---|
| Fees/Tuition | _____ | % |
| Government Funding | _____ | % |
| Diocesan Subsidy | _____ | % |
| Other Private Support | _____ | % |

What are your organization's expenses?

| | | |
|--------------------|-------|---|
| General Operations | _____ | % |
| Physical Plant | _____ | % |
| Programs | _____ | % |

To help us most appropriately respond to your request, please describe your organization's current fundraising activities:

System Approval (*Required for CCHHS affiliates only*) *Date*

Approved For Fund Development Support:

Secretary (*Required for all requests for fund development support*) *Date*

Comments: _____
