

COMMUNITY IMPACT GRANT REQUEST FORM

Grant Cycle - Fall 2025

Applicant

Organization:

Mailing Address:

Primary Contact Name:

Primary Contact Role / Position:

Primary Contact Phone Number:

Primary Contact Email:

Program Information

Descriptive Name (the “Program”):

Start Date (*if applicable*):

End Date (*if applicable*):

Requested Grant Amount:

Please check the box that best describes the Program:

☐ Serving Christ by Serving Others

Program addresses a local community issue that assists the under-served and/or rural populations.

☐ Youth & Young Adult Initiatives

Program focused on establishing or enhancing youth or young adult ministry to increase their encounters with Christ and support the growth of our Young Church.

☐ Evangelization & Missionary Discipleship

Program assesses, trains, and/or implements effective evangelization, family ministry, hospitality strategies and/or intercultural competency.

Program Abstract

Provide a concise summary of the Program that would be supported by the requested grant, including its history, leadership, goals, and objectives.

Statement of Need

Provide the specific purpose(s) for which the requested grant will be used, the population that will be served, and the anticipated timing granted funds will be utilized.

Success Criteria & Monitoring

Provide the criteria and benchmarks that will be used to monitor the success of the Program and identify the persons responsible for monitoring compliance with these criteria and benchmarks.

Program Budget

Provide a description of the total cost of the Program, other sources of funding besides the requested grant amount, nature and extent of anticipated expenses, and any projected shortfalls.

Submit completed applications to contact@catholicfoundation.org on or before Friday, August 29, 2025 at 5pm.