

Society of the Sacred Heart, United States-Canada Province

Duchesne Fund for Ministry Grant Application, 2018-2019

Name of Agency or Institution: _____

Web Address: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Title of the Project: _____

Type of Grant Requested: _____ Start-Up Grant _____ On-Going Grant*

(Maximum: \$20,000)

(Maximum: \$10,000)

Amount Requested: _____

On-Going Grant application must include **Progress Report on use to date of funds from previous grant from Duchesne Fund for Ministry. Progress Report Form available on-line.*

Brief description of agency or organization applying for the grant:

Short description of project: *Describe the current need and show how the project proposes to meet the need. The description should make reference to at least one of the criteria named and should indicate the educational component of the project.*

Setting of project: Rural _____ Urban _____ Suburban _____
Population served: Women _____ Children _____ Young adults _____
Migrants _____ Refugees _____ Undocumented _____
Poor/Marginalized _____

Number of people directly served by project: _____

Duration of project: _____ (months/years)

Other groups collaborating on this project: _____

Person(s) responsible: _____ Position: _____

RSCJ or Associate Endorser (*if necessary; see Guidelines #2*): _____

_____ (*Check, if an endorser is needed*) I, the person responsible for this project, have contacted the RSCJ Endorser, sent and discussed this proposal with her, and e-mailed her the endorsement form for her to forward directly to the Society of the Sacred Heart.

Approval by head of agency or institution: Name: _____
Position: _____

Measurable objectives of project: (*including educational component*)

Evaluation process: *Show how you will know if your project has accomplished its purpose; state who will be involved in evaluation. (See Guideline #3. A Progress Report will be required next February.)*

Budget for the specific project only (See Guidelines #3 and 4.)

| Income | | Expenses | |
|------------------------|---------|---------------------------------|---------|
| Grants: | Amounts | | Amounts |
| Duchesne Fund | _____ | Personnel | _____ |
| | | Materials | _____ |
| | | Training | _____ |
| Other Sources: | | Facilities | _____ |
| _____ | _____ | Other | _____ |
| _____ | _____ | | |
| In Kind Contributions: | | # of Paid Personnel on project: | _____ |
| _____ | _____ | | |
| _____ | _____ | | |
| Total Income: | _____ | Total Expense: | _____ |

Note: Total Income and Total Expense must balance.

Plans for Ongoing Funding (if necessary) _____

Please attach evidence of the organization's outside audit or the equivalent. (If an audit is not required for your organization, please state why and attach financial statements showing Income/Expenses and Assets/Liabilities for the entire organization.)

 Signature of Person Responsible for the Project

Please return this completed form to:
 Duchesne Fund for Ministry Committee
 c/o Mrs. Lisa Terneus
 4120 Forest Park Avenue
 St. Louis MO 63108-2809
Deadline: Wednesday, February 28, 2018. *if faxed or emailed. Fax: 314-534-6800*
E-mail: lterneus@rscj.org
(If sent by post, postmarked by February 23, 2018.)