

# Diocese of Allentown Local Poverty Relief Fund

## Application

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Website \_\_\_\_\_

Organization's Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Organization (check one):

Diocese of Allentown Parish (or program therein).

Parish Name if different: \_\_\_\_\_

Diocese of Allentown School (or program therein).

School Name if different: \_\_\_\_\_

Affiliated Organization of the Diocese of Allentown (or program therein).

Entity Name if different: \_\_\_\_\_

Other Nonprofit 501(c)3 organization EIN: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Please describe your funding request.

What is the amount requested? \_\_\_\_\_

Is this a new grant request? Yes or No (Circle one)

If no, how many years have you received Local Poverty Relief Grant Funding? \_\_\_\_\_

Please describe the needs of the local community below. What steps did you take to determine the need for this project?

If this is a repeat funding request, what input was sought from individuals/families served by the project? Please describe why your project should be funded again.

Please describe the organization's history and its leadership/administrative structure.

Briefly describe this organization's fiscal policies & procedures. For example, recordkeeping, internal controls, reporting, and oversight or audit.

Please complete the financial profile for this project attached below.

## Applicant's Financial Profile

		Last Year's Actual	Next Year's Budget
Fiscal Year <i>(for example, Jan-Dec 2018, or July 2018-June 2019)</i>			
<b>Beginning Balance</b> <i>(Total of petty cash, checking, savings, &amp; investments)</i>	A	\$	\$
Sources of Revenue:			
Donations		\$	\$
Fundraising <i>(net of fundraising expenses)</i>		\$	\$
<b>DOA Local Poverty Relief Fund Grant</b>		\$	\$
Other: _____		\$	\$
Other: _____		\$	\$
<b>Total Revenues For The Year</b>	B	\$	\$
Expenses:			
Administrative Costs		\$	\$
Program Costs:			
Monetary assistance directly to recipients <i>(for example cash, check, gift cards)</i>		\$	\$
Monetary assistance on behalf of recipients <i>(for example, rent, utilities, medical)</i>		\$	\$
Cost of goods & services purchased <i>(for example, food, clothing, counseling)</i>		\$	\$
Other: _____		\$	\$
Other: _____		\$	\$
<b>Total Expenses For The Year</b>	C	\$	\$
<b>Total Revenues less Total Expenses</b>	D (B minus C)	\$	\$
<b>Ending Balance</b> <i>(Total of petty cash, checking, savings, &amp; investments)</i>	A plus D	\$	\$

Comments:

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Please list two outcomes for this proposal. Outcomes must be written in measurable terms. If your project is selected, these goals will become the basis for evaluation of the use of the funds.

Is there any additional information or documentation you would like to provide to support this proposal?

Person Completing Form

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Organization Leader

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Pastor (if applicable)

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

The attached application must be completed and returned by: **November 16, 2018** in order to receive a response by March 1, 2019. It should be submitted to:

Rev. Msgr. David L. James, Vicar General  
Poverty Relief Allocations Committee  
Diocese of Allentown  
P.O. Box F  
Allentown, PA 18105-1538