

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 your organization's history and its leadership/administrative structure.

Briefly describe your 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>			
Beginning Balance <i>(Total of petty cash, checking, savings, & investments)</i>	A	\$	\$
Sources of Revenue:			
Donations		\$	\$
Fundraising <i>(net of fundraising expenses)</i>		\$	\$
DOA Local Poverty Relief Fund Grant		\$	\$
Other: _____		\$	\$
Other: _____		\$	\$
Total Revenues For The Year	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: _____		\$	\$
Total Expenses For The Year	C	\$	\$
Total Revenues less Total Expenses	D (B minus C)	\$	\$
Ending Balance <i>(Total of petty cash, checking, savings, & investments)</i>	A plus D	\$	\$
Comments:			

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: _____

Applications may be submitted online at www.allentowndiocese.org/poverty-relief or mailed to:

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

Application deadline: **November 15, 2019**