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| ChanceryCoatofArms | ROMAN CATHOLIC DIOCESE OF PORTLAND  510 Ocean Avenue  Portland, Maine 04103-4936  207-773-6471 Fax: 207-773-0182 |

**LAY CONTINUING EDUCATION & FORMATION ENDOWMENT FUND**

**Application for Grant: PARISHES, DIOCESAN SCHOOLS & DIOCESAN OFFICES**

2021-2022

Name of Parish or School or Office:

Name of Pastor/Principal/Supervisor:

Parish/School/Office Contact Information:

Mailing Address

Phone Number

Name of Contact person for this grant request:

Contact person email address:

Contact person phone number:

**PROPOSED ACTIVITY**

Project/Program/Initiative name for which funding is sought:

Number of people directly impacted by this project/program/class:

Is this a new program for the parish, school or office? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**

Is this a multi-year or ongoing activity? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_** If yes, what plans are being made by your Pastoral Council, finance council or budget committee, to continue the program beyond the first year?

Have you received a grant for a similar program in the past? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_** If yes, when and for what?

**FINANCIAL INFORMATION**

Dollar amount requested as a grant: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Cost of Project/Program/Class: $\_\_\_\_\_\_\_\_\_\_\_\_\_ *Provide detail in FINANCIAL BREAKDOWN FORM on page 3.*

Have you sought out other funding alternatives? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_** *If yes, please note source on page 3.*

Will you be able to offer this project/program with partial funding? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**

Will there be a registration fee for those participating? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**

If yes, how much will be charged per person/per family? \_\_\_\_\_\_\_\_\_\_\_\_\_  *Please note total anticipated revenue on page 3.*

Please click in each box below to give brief responses to the following. Use only the space provided.

**Name 1 or 2 concrete objective(s) for the planned activity (program, project, initiative, etc):**

**How will the planned activity help the parish/school/office meet the objective(s)?**

**How does the planned activity support local CLI goals, parish/school priorities, or department objectives and/or deepen connections between the people, parishes, and the Church?**

Contact Person’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor/Principal/Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Submit completed and signed application to Grant Review Committee by July 19, 2021***

* Mail: **Roman Catholic Bishop of Portland**

**Attn: Lay Continuing Education & Formation Endowment Fund GRC**

**510 Ocean Ave**

**Portland, ME 04103-4936**

* E-mail: **grc.layendow@portlanddiocese.org**

**FINANCIAL breakdown Form: Parishes, Diocesesan School & diocesan Offices**

**To help the grant review committee recommend funding, please provide all costs associated with the program.**

Though all expenses *are not necessarily covered* by the grant funds, the information helps the Grant Review Committee to see the total amounts associated with participation in the program.

**+ Answer questions in the “Details” column in the space provided (as applicable).**

**+ Enter whole dollar amounts in “Total Amount” for each category listed.**

**+ If a category line is not applicable to your request, simply put $0 in the space provided for “Total Amount”.**

|  |  |  |
| --- | --- | --- |
| *Category* | *Details* | *Total Amount* |
| EXPENSES |  |  |
| **Conference fees** | What is the sponsoring organization (i.e. NCCL, TeamRCIA, Steubenville, etc.)? | **$** |
| **Start-up fees** | What is the name of the approved/accredited institutions/program (i.e. Life Teen, Formed, etc.)? | **$** |
| **Speaker fees & expenses** | Name(s) of speaker(s)? | **$** |
| **Rental space cost** | Where is the space located and what is the name? | **$** |
| **Other Related Expenses** | Please specify any other miscellaneous costs here: | **$** |
| **Flights** | Where are participants flying out of (city, airport)?  Fly into (city, airport)? | **$** |
| **Mileage** | If using personal car, multiply the total miles driven by 0.575 to get the cost of mileage  OR  What is the rental car company and cost (i.e., rental fee, gas, etc.)? | **$** |
| **Lodging** | What city will participants be staying in?  What is the name of the hotel/motel/accommodations? | **$** |
| **Meals** | Please estimate amount for personal meals.  Are meals included in registration fee? Circle one: Yes No | **$** |
|  |  |  |
|  | Subtotal of all expenses above | **$** |
| NON-GRANT REVENUES | Amount contributed by the parish | **($ )** |
|  | Amount contributed by the individuals (registration fees, donations) | **($ )** |
|  | Amount from alternative funding source *Indicate source name*: | **($ )** |
|  | **Estimated Need (net of other contributions)** | **$** |

as part of your application, Please include paperwork that reflects

fees, flight info, tuition, and other Expenses to support the AMOUNTS listed above.