



## 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](mailto:grc.layendow@portlanddiocese.org)**

## FINANCIAL BREAKDOWN FORM: PARISHES, DIOCESEAN 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 <i>Indicate source name:</i>	(\$ )
	<b>Estimated Need (net of other contributions)</b>	\$

AS PART OF YOUR APPLICATION, PLEASE INCLUDE PAPERWORK THAT REFLECTS FEES, FLIGHT INFO, TUITION, AND OTHER EXPENSES TO SUPPORT THE AMOUNTS LISTED ABOVE.