**LAY CONTINUING EDUCATION & FORMATION ENDOWMENT FUND**

**Application for Grant: ORGANIZATION**

**FINANCIAL DETAILS AND ACKNOWLEGEMENT FORM**

DIRECTIONS

***1. Type in the Basic Info about the organization, project name, and the numbers of the fiscal year for grant***

***2. Provide Budget Details about anticipated expenses and revenues associated with the proposed activity***

* Type in responses to questions in the “Details” column in the space provided (as applicable).
* Enter whole dollar amounts in “Amount” for each category listed.
* Leave the $0 in the Amount for any category line that is not applicable to your request.
* Complete the Financial Summary table using the totals for expenses and non-grant revenues (p2).

***3. Complete Acknowledgements Section and Print for Signing***

* Type in the requested information in the Acknowledgement & Signatures section.
* Print these pages so primary contact and pastor/principal/supervisor can review and sign the form.

***4. Scan all the completed pages of this form to create a digital image*** *(pdf file preferred)*

***5. Upload the scanned form as part of the online application along with materials that support fees, tuition, and other expenses included in the Budget Details***

**Basic Info**

Name of Organization: \_\_\_\_\_ [type in name] \_\_\_\_\_

Project/Program/Initiative name for which funding is sought: \_\_\_\_\_ [type in name] \_\_\_\_\_

Fiscal Year of the Grant: 202\_?\_ to 202\_?\_

**Budget Details**

|  |  |  |
| --- | --- | --- |
| *Expense Category* | *Details* | *Amount* |
| **Conference fees** | Sponsoring organization (i.e. TeamRCIA, Steubenville, etc.)? \_\_\_\_\_\_ | **$ 0** |
| **Start-up fees** | Name of the approved/accredited institutions/program (i.e., Formed, St Joseph’s College, etc.)? \_\_\_\_ | **$ 0** |
| **Speaker fees & expenses** | Name(s) of speaker(s)? \_\_\_\_\_ $\_\_ | **$ 0** |
| **Facility cost** | Name and place of site(s) renting for program? \_\_\_\_\_\_ | **$ 0** |
| **Travel** | Flight from \_\_(city, airport)\_\_ to \_\_(city, airport)\_\_ for \_\_?\_\_ people =$ \_\_\_  Mileage \_\_\_\_\_ x $0.60/mile = $ \_\_\_\_  Car rental for \_\_(number)\_\_ days = $ \_\_\_ | **$ 0** |
| **Lodging** | City/town where participants stay during program? \_\_\_\_  Name of the hotel/motel/accommodation? \_\_\_\_\_\_\_  \_\_\_\_nights lodging x \_\_ people = $ \_\_\_ | **$ 0** |
| **Meals** | Are meals included in registration fee? Check one: \_\_\_Yes \_\_\_No  Estimated additional amount for personal meals $ \_\_\_ | **$ 0** |
| **Other Related Expenses** | Specify any miscellaneous costs here: \_\_\_ | **$ 0** |
|  | **Total expenses** | **$ 0** |

|  |  |  |
| --- | --- | --- |
| NON-GRANT REVENUES | Amount contributed from organization budget | $ 0 |
|  | Amount contributed by the individuals (registration fees, donations, etc.)  $\_\_\_\_ reg. fee x \_#\_ registrants = $\_\_\_ | **$ 0** |
|  | Amount from alternative funding source *Indicate source name*: \_\_\_ | **$ 0** |
|  | **Total of all non-grant revenues** | **$ 0** |

**Financial Summary**

|  |  |
| --- | --- |
| Total Expenses | $ 00 |
| (Total non-grant Revenues) | - $ 00 |
| **Estimated Need** | **$ 00** |

**Acknowledgements and Signatures**

**Primary Contact**

Primary Contact Name \_\_\_\_\_\_\_\_ [type in name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge I have reviewed the details of the proposed activity/initiative with the pastor/principal/supervisor listed below and have his/her support in pursuing the requested funding.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PASTOR/PRINCIPAL/SUPERVISOR**

Pastor/Principal/Supervisor Name \_\_\_\_ [type in name] \_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_ [type in organization name] \_\_\_\_\_\_\_

Parish/School/Organization \_\_\_\_ [type in organization name] \_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge I have reviewed the grant request with contact person named above and authorize the pursuit of the program/initiative as part of our organization's plans for the next fiscal year.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_