

LAY CONTINUING EDUCATION GRANT APPLICATION

Organization Requests

Requests for Fiscal Year: **July 1, 2026 - June 30, 2027**

Before you fill out the application, have you:

_____ reviewed the grant application **checklist**, so that your application submission will be complete.

_____ read the **application questions** ahead of time before filling out the application.

Directions: Provide budget details in the spaces below. Here are some reminders:

- Enter whole dollar amounts.
- Leave \$0 for any category that is not applicable to your request.
- Complete the financial summary table for expenses and non-grant revenues.
- Complete acknowledgement & signatures page.
- Print out the completed forms so the pastor/principal/supervisor can review and sign the form.
- Please email all materials to: submitlaygrant@portlanddiocese.org

A. Applicant Information:

1. Name of Organization:

2. Mailing address:

3. City, State, zip code:

4. Contact Person:

5. Phone number:

6. Email address:

7. First & last name of your diocesan parish pastor, principal or supervisor:

B. Grant Request Information:

1. Name of Project/Program/Initiative for which funding is sought:

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2. Description of the Project/Program/Initiative (in a few sentences):

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3. How will this help you & your organization serve more effectively in your ministry?

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4. Where & when will this Project/Program/Initiative take place?

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C. Funding request information: Enter \$0 if the category is not applicable to your request. (Grant range amounts: \$2,000 - \$10,000).

1. Conference fees & number of persons:

2. Program/Initiative start-up fees, brief description:

3. Name(s) of Speaker (s) or Presenter(s) fees & expenses:

4. Facility cost, if needed:

5. Travel info: (cost per person/airfare; car rental costs; personal mileage @.70/mile):

6. Lodging (cost per person; number of nights; name of lodging: total cost)

7. Meals (estimated amount for meals per person)

8. Other related expenses, brief explanation:

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9. Have you received a grant from the Lay Continuing Education & Formation Endowment Fund in the past? If so, which grant(s) have you received? (tuition, continuing ed; organization). If yes, please explain.

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10. Non-grant revenues from organization or individuals to help with costs:

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11. **Financial summary:** Expenses – non grant revenues = **estimated need**

a) Total expenses for Project/Program/ Initiative:

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b) Total non-grant revenues:

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c) **Estimated need:**

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D. Acknowledgements and Signatures:

Primary contact: Name and contact info

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 and date:

PASTOR/PRINCIPAL/SUPERVISOR

Pastor/ Principal/ supervisor name: (include title)

Parish, School, or Organization:

I acknowledge I have reviewed the grant request with the 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 and date: