



Saint Anne Catholic Community • 2140 Westheimer, Houston, TX 77098 • 713.526.3276

Outreach Grant Request Form

Organization

Name: _____

Street Address: _____

City, State and Zip Code: _____

Mailing Address: _____

Federal Tax ID #: [Attach 501(c)(3) letter.] _____

Executive Director Name: [Attach personal resume.] _____

Executive Director Phone: _____

Contact Name and Title: _____

Contact Email and Phone: _____

Description of the organization, the nature of its work, its mission and its achievements: _____

Total number of board of directors or trustees: [Attach list of board members.] _____

Percentage of board who financially supported the organization during the last fiscal year: _____ %

What year did the organization start? _____

Total Number of Staff: _____

Administrative _____ Program/Service _____ Part Time _____ Full Time _____

Total # of Volunteers: _____

Administrative _____ Program/Service _____

Average Hours/Week: _____

Administrative _____ Program/Service _____

Ratio of paid staff hours to volunteer hours: _____ to _____

Are you affiliated with a national or state organization (Yes/No)? _____

If yes, identify and explain affiliation): _____

Grant Request

Amount requested (up to \$10,000): _____

In one sentence, summarize how the requested funds will be used: [Attach budget for total project.] _____

Number (#) of clients served: _____

Describe the need this grant will meet and why the need:

Attach a 250 word or less grant request proposal and include the following information:

- Proposed program including a statement of need
- How will the project address the identified issue/need?
- Target geographic area and population for project

- Projected goals and benefits including numbers served
- How many people were served in the prior year?
- Plans for evaluating effectiveness of the program.

How does this project/program differ from others serving the same population?

Are you collaborating with other organizations to accomplish these program goals?

If yes, what are their names and have they also applied to Saint Anne for a grant?

Financial Information (Full fiscal year ending __/__/____) [Attach current financial statement, most recent audited financial statement, and current annual operating budget.]

Total Income: \$ Sources of Income: _____

Board % _____

Individuals % _____

Churches % _____

Foundations % _____

Government % _____

Companies % _____

Program % _____

Endowment % _____

United Way % _____

Other % _____

If United Way funding, _____

Amount/year for past three years :\$ _____ , \$ _____ , \$ _____

If endowment,

Current balance: \$ _____

Income distribution \$ Restrictions What is your accounting system? _____

Is the agency a part of a larger entity? _____

If yes, please provide current financial statement, most recent audited financial statement and current annual operating budget for the larger entity as well.

Attach current Operating Budget.

Give percentages of budget spent on:

- % Fundraising _____
- % Administrative expense _____
- % Programs _____

If administrative costs plus fund raising are more than 25% of total expenses, explain why:

Agency Information

Is organization faith-based? Yes/No

If yes, describe the faith component in the program/organization:

List all Saint Anne parishioners who are:

Board members: _____

Volunteers: _____

Familiar with this request: _____

List specific ways you could use volunteers from Saint Anne?
