



**St. Michael the Archangel**  
Catholic Church

**Archangel Charity Fund Grant Application**

Name of Organization/Person \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Purpose of the Organization \_\_\_\_\_

Amount Requesting \$ \_\_\_\_\_

Proposed Project \_\_\_\_\_

All Other Source(s) of Funding: \_\_\_\_\_

How did you hear about the Archangel Charity Fund? \_\_\_\_\_

*Prior Grant Recipients must complete the second page of this application.*

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

By signing this Application, the Applicant agrees to comply with any requests for information and any investigation conducted by the St. Michael the Archangel Charity Fund Committee. Any decision of the committee to grant or deny an application should be subject to the committee's sole and unfettered discretion. The applicant avers that the information submitted for the application and in response to any request by the committee is true and accurate. The applicant further agrees to provide any additional information as the committee may request from time to time. A failure of the applicant to comply with any request of the committee may result in a rejection of the application and/or discontinuation of the grant.

**GOALS AND OBJECTIVES OF THE ARCHANGEL CHARITY FUND**

*The purpose of the Archangel Charity Fund is to support the underserved in our society and those who are dispossessed of the most basic human needs. Additionally, those individuals or organizations who are generally outside of the mainstream and, thus, are widely ignored by the community will receive special attention (i.e., organizations which have sustainable sources of funding may be excluded). The areas of need which will receive greater consideration include housing, sustenance, utilities, and other financial requests serving basic human needs. We will seek to benefit both persons who are members of the parish community, as well as persons who are outside of this community.*



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*Prior Grant Recipients must provide the following information to complete the grant application process;*

*Date of prior grant:* \_\_\_\_\_

*Amount of grant:* \_\_\_\_\_

*Use of Funds: (Details of program supported)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Total cost of the program:* \_\_\_\_\_

*Other sources of funds:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_