UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

**OFFICE TO AID THE CATHOLIC CHURCH IN CENTRAL AND EASTERN EUROPE**

**3211 Fourth Street, NE Washington, DC 20017-1194 USA**

**www.usccb.org**

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## GRANT APPLICATION FORM

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| *For office use only:*  *Received on* | For office use only:Project number |

1. Applicant’s contact information.

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Last name | | Position |
| Name of the organization | | | |
| Street Address | | | Postal code |
| City | | Country | |
| Telephone | | Fax | |
| E-mail Address (REQUIRED) | | | |

1. Jurisdiction.

|  |  |
| --- | --- |
| Diocese | |
| Bishop | Country |

1. Project Title.

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1. Project description (purpose and objectives).

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| 5. List the major cost elements of this project. |

1. What is the total cost of this project? (US dollars)? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the amount being requested (US dollars)? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the amount that will be raised locally (US dollars)? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 9. List principal funding sources for this project, including other organizations to which you have applied. |

1. If your project has any relation to work with minors or vulnerable populations, kindly provide an attachment outlining the safeguarding measures your organization has established, highlighting two points: Policy & Procedures, Training for Staff and volunteers.  For more information on the topic please refer to The Pontifical Commission for the Protection of Minors: Guideline Template for developing a policy: (<http://www.protectionofminors.va/content/tuteladeiminori/en/resources_section/pcpm-guidelines-template_page.html>) and the Apostolic Letter *Vos estis lux mundi*, published May 7, 2019:

(<http://www.vatican.va/content/francesco/en/motu_proprio/documents/papa-francesco-motu-proprio-20190507_vos-estis-lux-mundi.html>).

**By signing below:**

* **I confirm that this organization is in compliance with all safeguarding policies and procedures of the local Diocese/Eparchy/Exarchate/Apostolic Administration and the local Bishops’ Conference/other competent religious body for the protection of children, young people and vulnerable adults.**
* **I agree that the data I provided in this grant application form may be used and stored for USCCB’s inventory records, will be used to complete the application process, and may be used in USCCB’s promotion and communications efforts including in content of USCCB’s web pages and social media posts. Please see** [USCCB Privacy Policy](http://www.usccb.org/about/privacy-policy.cfm) **for more details.**

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| **REQUEST SUBMITTED BY: [BOTH SIGNATURES REQUIRED]**  APPLICANT  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) (Date) |
| ORDINARY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) (Date) |