



THE ST. FRANCIS PROJECT APPLICATION FOR FUNDING

Date of application: _____

Grant cycle: (check one)

January 31st _____ **(All applications requesting \$5000 or more must submit by this deadline)**

July 31st _____

Applications received after these deadlines will automatically be placed in the next cycle.

1. Name of organization: _____
2. Address: _____ Telephone: _____
_____ Email: _____
3. Name of Project (if different from above): _____
4. Contact Person _____ Position: _____
 - i. Address (if different from above): _____
 - ii. Telephone: _____
5. Please list any Trinity members involved with your agency:

6. Amount of funds requested: _____
7. Briefly describe the purpose for which funding is sought:
8. How will the St. Francis Project money be used?
9. Payee and address to which approved grants should be directed:
Name: _____
Address: _____
