

Welcome!

Thank you for your interest in partnering with the Catholic Foundation. These grants support projects that strengthen evangelization, community outreach, and parish life, helping our Church fully and generously live out its baptismal call.

As you complete this application, we invite you to prayerfully consider how your project will help bring the Gospel to life in your community and beyond. Together, through faithful stewardship and shared mission, we can continue to nurture living communities of faith that reflect Christ's love in the world.

Who can apply:

Only organizations, and associated ministries affiliated with those organizations, listed in the Official Catholic Directory for the Diocese of St. Augustine, or projects and programs operated under the auspices of the Diocese of St. Augustine may apply.

Completed grant applications and attachments must be received by <u>December 15</u>, <u>2025</u>. <u>Late applications will not be considered</u>. Applicants will be advised of grant award decisions in March 2026.

We are here to help, please call the Catholic Foundation office at 904-208-6927 with questions.

Please submit a separate application for each grant request.

| Section 1. Applicant Information: | |
|-----------------------------------|--------|
| Organization name: | |
| Mailing address: | |
| Contact name: | |
| Phone: | Email: |
| Role/Position: | |

| Section 2. Project/Program Information: |
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| Grant amount requested: |
| Project/program name: |
| Start date of program: End date of program: |
| The Catholic Foundation will consider requests that reflect the mission and values of our Catholic faith in three areas of focus: evangelization, community outreach, or parish life. Organizations and their proposals must be engaged in addressing one or more of these specific areas. Funding is given greater consideration when the application demonstrates the intersection of four areas: need, opportunity, potential impact, and collaboration. |
| Please check one box that best describes the project/program. See the grant application instructions for additional descriptions of funding areas. |
| □ Evangelization □ Community outreach □ Parish life |
| |

Please explain why your project/program fits this priority:

| Section 3. | Evangelization P | rojects/Programs | Only (a | ll others pr | coceed | to Section | 4). |
|-------------|-------------------|------------------|---------|--------------|--------|-------------|------|
| For those | who have selected | d Evangelization | only, p | lease answ | er the | following t | hree |
| questions l | before proceeding | 5 • | | | | | |

| questions | before proceeding. |
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| a. | Is this effort focused on individuals or groups? |
| b. | Why are you choosing to do this project/program instead of something else? |
| C. | Who will be invited to participate in this project/program? |
| | . Project/Program Description Narrative: Please use only the space provided. Project/program summary: |
| | |
| b. | Specific need that the project/program will address: |

| C. | Desired outcomes of the project/program: |
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| | |
| d. | Population served by the project/program: |
| e. | Methods that will be used to achieve the objectives of the project/program |
| | |
| f. | Is the project/program ready to be implemented and leadership in place? |
| | Yes □ No □ If no, when will it be ready? |
| Section 5 | . Project/Program Outcome Evaluation: |
| | you know if your project/program has been successful? What difference do this project/program will make for the people or community you serve? |
| a. | What indicators (signs, numbers, or observations) will show your program/project is working as intended? |
| | |
| b. | How will you collect feedback or information to measure your progress (e.g., surveys, attendance, stories, data tracking)? |
| c. | How will you share what you learn from this project with others (within your organization or community)? |

Section 6. Financial Summary:

| a. | Please attach a complete budget of the project/program to this application. |
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| | Please provide details that explain and support the exact amount requested. |
| | If the project/program includes the construction or purchase of significant |
| | materials, please refer to the diocesan policy for obtaining quotes. |

| b. | What percentage of the total project/program budget is being requested |
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| | from the Catholic Foundation? What is the source of the balance of the |
| | funds, and has that been secured? |

| c. | If this grant application is approved and funded, what is the approximation | ate |
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| | time frame for spending the funds? | |

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| a. | Is this a | n ongoing | project/ | program? | \square Yes | |

- e. Has your organization applied for grants for this program/project from the Foundation in the past five years?

 Yes
 No
- f. Has your organization received grants for this program/project from the Catholic Foundation in the past five years? ☐ Yes ☐ No If yes, how many times? _____
- g. Describe your sustainability plan. How will you continue to maintain the project/program in future years?

Attachments Required:

Signature of Contact

Email

Date

- 1. Letter of support from pastor/diocesan director/principal
- 2. The program/project budget (use form included)
- 3. Quote or proposals of any planned costs (if applicable)

If this grant application is approved and funds awarded, you agree to:

- 1. Submit a letter of acknowledgment to the Catholic Foundation upon receiving funds.
- 2. Submit an interim progress report, including details of expenditures and digital photos, by October 31, 2026.
- 3. Submit a final report, including details of expenditures and digital photos, by April 30, 2027.

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| Instructions and understand that if g | e Catholic Foundation Grant Application grant requirements are not met, our arn the funds and/or be deemed ineligible |
| ☐ I/we agree to the conditions of grant I/we agree to the conditions of grant I/we agree I/we agree to the conditions of grant I/we agree to the conditions I/we agree to the condition I/we agree to the conditions I/we | ant acceptance as outlined in the Catholic uctions. |
| Signed application and budget forms can be e- Catholic Foundation, 11625 Old St. Augustine | e e |
| Names/Signatures Required: | |
| Print Name of Contact | Print Name of Pastor/Diocesan Director/Principal |

Email

Date

Signature of Pastor/Diocesan Director/Principal

Project/Program Budget

| Name of Project/Program_ | |
|--------------------------|--|
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Please list all expenses associated with the project/program. The column for Total Catholic Foundation Grant Funds should equal the total amount of grant funds on the application.

| Brief Description of Expense | Catholic Foundation Grant Funds | Funds From Other Sources |
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