

Church of the Transfiguration
50 West Bloomfield Road Pittsford, New York 14534
Gifts In Faith Through Solidarity Committee

Dear Applicant:

The Church of the Transfiguration's Gifts In Faith Through Solidarity Program will review grant applications on a monthly basis. All those in need, regardless of faith, are eligible for help. No human need will be excluded from consideration. However, priority will be given to meeting the basic human needs (such as food, clothing and shelter) and to helping individuals or groups become more independent through self-help programs or educational opportunities. Funds may be requested for the poor on the local, national or international level.

Some points for consideration of the grant request include:

- a. Requests for funding may only be submitted by a registered parishioner;
- b. You, the registered parishioner are the "sponsor" and must complete the attached grant request application form regarding the recipient and purpose of funding;
- c. Organizations or specific projects for which grants are requested must have a "not for profit" status;
- d. Does the proposed use of funds promote gospel values?

Committee meetings will be held the second Monday of each month. Applications received by the *preceding Sunday* will be reviewed at that meeting. You may be invited to attend a committee meeting to speak about your request. All sponsors will be notified of the outcome of the request.

Please complete the attached application (or may be found on the back of this letter) and place it in the collection basket during mass, or mail it to the parish office. **Thank you** for identifying these needs and special thanks to all the people of Transfiguration whose generosity makes these gifts possible.

Church of the Transfiguration

Gifts to the Poor Committee

Emergency requests may be made to Fr. Michael Bausch, Gloria Sciolino, or Karen Nowlan at the parish office at 248-2427.

Gifts In Faith Through Solidarity

Submitted/Sponsored by: _____ Date: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____

Recipient of Funding

Organization/Individual Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Contact Person: _____ Phone: _____

Purpose of Funding

Amount Requested: _____ Timing Requested: _____
Describe how this money will be used: _____

Complete if the Grant is for an Organization

Total cost of this project: _____ Number of people served by this project: _____
Other funding sources (and amounts) committed to this project: _____

Are you familiar with similar projects in the community? List the organizations/locations

Background of the Organization

Mission of the Organization: _____

List the sources of Funding (totaling 100%): _____

Currently receive funding from Transfiguration? _____ Annual amount: _____
United Way Agency? _____ Percent of budget rec'd through United Way: _____

If an Organization, please attach copies of your tax-exempt certificate and a recent financial statement, or Fax to (716) 385-9870.

Please direct your questions concerning this application to the Transfiguration office at 248-2427.

For Committee Use: Registered Parishioner Y N Date Rec'd: _____ Log _____