

**Immaculate Heart Catholic Church**

**Endowment**

**Grant Request**

Name of Organization requesting funds \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Email \_\_\_\_\_

**OR**

Name of Person requesting funds \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Email \_\_\_\_\_

**Amount Requested** \_\_\_\_\_

These documents are attached if available:

Financial Statement     Budget (prior year's actual and current year's budget)

501(c)3 documentation     Letter of Recommendation

Applications will be accepted for (please check all that apply to your request):

general operating expenses

innovative start-up projects

on-going programs

special projects or needs

Description of Project/Purpose of Request: (Please add additional pages if needed)

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How does your request meet the guidelines of furthering the mission of the Roman Catholic Church locally, nationally or internationally?

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Where else have you applied for funding for this project? \_\_\_\_\_

Have you previously received IHC Endowment funding? \_\_\_\_\_

If yes, what year(s)? \_\_\_\_\_

Total funding received \_\_\_\_\_

Grant is needed by \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Endowment Committee Contact's Signature \_\_\_\_\_ Date \_\_\_\_\_

Requests are due on **March 1**

*Requests submitted after the due date will not be considered.*

Submit completed Grant Requests to:  
Immaculate Heart Endowment Committee  
35208 Cty Rd 37  
PO Box 155  
Crosslake, MN 56442

**This form may be duplicated.**

**If you would like an electronic copy of this form, please contact Jeanne Keiffer at [ihc@crosslake.net](mailto:ihc@crosslake.net)**