

Grant Application
Franciscan Friars of Holy Name Province Benevolence Trust

**USE ONLY THESE 4 PAGES OF THE "GRANT APPLICATION" PLUS THE "PROJECT BUDGET."
DO NOT ADD ADDITIONAL SHEETS.**

Name of Project or Program: _____ Grant Amount Requested: \$ _____

Name of Organization: _____

Address of Organization: _____

Organization Telephone #: _____ ext _____ Organization Fax #: _____

Web Site: _____ HNP Friar Contact: _____

Contact Person: _____

Contact Telephone #: _____ ext _____ Contact Fax #: _____

Email: _____

1) List the name(s) of the Holy Name Province Friar(s) who is/are associated with the Organization/Project and how he/they is/are directly involved or associated with the Project.

2) List Organization/Project's grant history with Holy Name Province Benevolence Trust.

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3) Provide a brief history of the Organization/Project.

4) Explain intended use of requested grant.

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5) Describe the client population and the geographic area served by the Organization/Project.

6) Describe the current goals of the Organization/Project.

7) Identify and describe the programs or projects relationship with other programs or projects serving similar needs in your service and/or program area.

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8) List the other corporate, foundation and/or government grant funding that you have applied for, received or expect to receive in the current year and the amounts awarded.

9) Number of employees? Full Time _____ Part Time _____

10) Number of volunteers? Full Time _____ Part Time _____

Prepared by: _____ Signature: _____

Title: _____ Date: _____

Telephone: _____ E-address: _____

If application is approved, please indicate the exact name to which the grant check should be payable to:

Address check should be mailed to:

Send to: BENEVOLENCE TRUST ADMINISTRATOR, HOLY NAME PROVINCE, 129 West 31st Street – 2nd Floor
NEW YORK, NY 10001-3403

E-Mail: BTAdmin@hnp.org