

Grant Application

To be completed and returned with grant application and attachments before 5.00pm on Friday, 27 September 2024.

Applications must be completed and submitted electronically as a pdf document. Organisations not specifically recognised as Catholic must attach written support from an active priest in the Archdiocese of Brisbane.

I. PROPOSAL SUMMARY:	
Parish/School/Agency:	
Address:	
Location:	
	is requesting this grant, what outcomes you hope
to achieve, and how you will spend the funds i	f a grant is made. (Max 1000 characters)
Contact information of the individual who will	l direct the project:
Name, Position:	
E-mail:	
Phone:	
Contact Person for Grant Site Visit:	
Name, Position:	
Phone:	
Number paid full-time staff:	Number of volunteers:
Number of additional staff required for this pro-	oject, if any:



ARCHDIOCESE OF BRISBANE

Total cost of project:	\$
\$ Amount requested in this grant:	\$
Date you anticipate starting project:	
Completion date:	Services begin:
Has the Catholic Foundation, Archdiocese of Brisba	ane funded this project or any other program with
your organisation before? Date:	Amount:
Does this project involve children under 18 years of	fage? Yes No
If yes, do you agree to comply with the Archdioces	an Safeguarding Children & Vulnerable Adults
Prevention & Protection Policy? \(\square\) Yes	
Signature of responsible party:	
Date:	

ATTACHMENTS

- Most recent audited Financial Statements, which should include both a Balance Sheet and a Profit and Loss statement.
- Current year operating budget with revenue and expenses
- List of Board of Directors, Parish Finance Council or equivalent
- If you are a previous Grant winner, please complete and attach the *Impact Report*

Submit your Grant Application to the Catholic Foundation before 5.00pm on Friday, 27 September 2024.

Email: giving@bne.catholic.net.au

Post: Catholic Foundation Grants Program, GPO Box 282, Brisbane QLD 4001