

**Catholic Relief Services**  
 433 Jefferson Street  
 Oakland, CA 94607-3592



**2018 CRS RICE BOWL GRANT APPLICATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT OF GRANT REQUEST: \$ \_\_\_\_\_

NAME of ORGANIZATION or PARISH: \_\_\_\_\_

for example, St. Vincent de Paul, St. \_\_\_\_\_ Conference

NAME of PROGRAM or PROJECT (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ 2017 RICE BOWL GRANT AMOUNT (if applicable) \_\_\_\_\_

**The following information is necessary for consideration of your request. Please complete all sections.**

**1. PROGRAM DESCRIPTION**

Please attach a maximum two-page type-written description that includes all of the following information as it applies to your program: 1) what you are doing; 2) targeted population; 3) current services you provide; 4) number of people served each year; (5) number of volunteers and/or paid staff; (6) any non-food services of your organization; (7) other helpful information. *Each question must be specifically addressed. An organizational brochure or report cannot be substituted for the Program Description.* Organizational brochures may be attached for additional information.

**2. FINANCIAL INFORMATION**

	2017 (actual)	2018 (estimate, anticipated or actual)
Organization's income (do not include in-kind donations)		
Income spent on food		
Income spent on salaries		
Estimated value of in-kind donations (food and supplies)		

Food income sources received or anticipated (do not include in-kind donations):

Federal		
State		
Parish Collections		
Individual Donations		
Other*		
Total (sum of food income sources)		

\* Describe "Other":

3. Do you expect cutbacks of any sort in the next 12 months? \_\_\_\_\_ If yes, please explain:

4. How will Rice Bowl funds be used?

5. How will the Catholic Relief Services Rice Bowl program be highlighted or noted as a (co)funder of this project?\_

6. How did your organization/parish hear about the Rice Bowl grants?

7. List two persons or organizations, independent of your program, which could give information regarding your efforts.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Please print.): \_\_\_\_\_ Title: \_\_\_\_\_

For applications made by a Catholic parish or parish program, the signature of the pastor, or the appropriate parish staff person, is required on the application indicating his/her knowledge and approval of the grant application.

Parish: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**DEADLINE: Delivered, Postmarked or E-Mailed by Monday, September 17<sup>th</sup>, 2018**

*Please Mail To:*  
CRS Rice Bowl Grant  
Catholic Relief Services  
433 Jefferson Street  
Oakland, CA 94607-3592

*Please E-Mail To:*  
[mmckimmey@cceb.org](mailto:mmckimmey@cceb.org)