

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



## 2019 CRS RICE BOWL GRANT APPLICATION

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

NAME of ORGANIZATION: \_\_\_\_\_

Are you a St. Vincent de Paul? \_\_\_\_\_ If so, what parish? \_\_\_\_\_

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

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

(Award letters will be sent to this address. If the contact person is a volunteer, feel free to use home address.)

CONTACT PERSON: \_\_\_\_\_ 2018 RICE BOWL GRANT AMOUNT (if applicable) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

***The following information is necessary for consideration of your request. Please respond to each question.***

### 1. PROGRAM DESCRIPTION

*An organizational brochure or report cannot be substituted for this description, but you can attach a brochure for additional information.*

- a) What is the mission of your organization/group – describe what you are doing.

b) What is your targeted population?

c) What current services do you provide?

d) What, if anything, are you doing to address the root causes of hunger, i.e. advocacy to change laws, govt. programs or services?

e) How many people do you serve each year? \_\_\_\_\_

f) How many volunteers and/or paid staff do you have?

g) Describe any non-food services of your organization.

h) Please provide any other helpful information.

**2. FINANCIAL INFORMATION**

Please fill out the following financial information fields. If you need assistance with filling out this section, please contact the CRS Diocesan Coordinator at (510) 768-3176 or [mmckimmey@cceb.org](mailto:mmckimmey@cceb.org).

2a. Financial Overview

	Fiscal 2018 (Actual) 12 mos beginning _____	Fiscal 2019 (Estimated) 12 mos beginning _____
Organization’s total income (not including in-kind donations–food and supplies)	\$ _____	\$ _____
Percent of income from Federal support	%	%
Percent of income from State support	%	%
Percent of income from Parish collections	%	%
Percent of income from Individual donations	%	%
Percent of income from other sources (not including in-kind donations)*	%	%
Percent of income spent on food	%	%
Percent of income spent on salaries	%	%

\* Describe “Other”  Not Applicable

2b. In-kind Donations (food and supplies)

	Fiscal 2018 (Actual)	Fiscal 2019 (Estimated)
Estimated value of in-kind donations*	\$ _____	\$ _____

Describe what in-kind donations you receive.  Not Applicable

**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 provide 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 16, 2019**

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

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