

d) How many people (unduplicated) do you serve each year? _____

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

f) Provide a short description of how the COVID-19 pandemic has impacted your organization and how you have adapted your work.

g) 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.

a. Financial Overview

	Fiscal 2019 (Actual)	Fiscal 2020 (Estimated)
Organization’s total income (not including in-kind donations)	\$	\$
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 sources” of income Not Applicable

b. 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? Please be specific. _____

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 Tuesday, September 15, 2020

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

Please E-Mail To:
CRSRiceBowlEastBay@cceb.org