



**GOOD SAMARITAN MINISTRY**  
MERCY • OUTREACH • DISCIPLESHIP

**St. John Neumann Catholic Church  
Good Samaritan Ministry  
Required Form to Request Funds**

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parishioner of St. John Neumann \_\_Yes \_\_No Parishioner of \_\_\_\_\_ parish

Requestor Phone Number: \_\_\_\_\_

Requestor E-mail address: \_\_\_\_\_

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

Grantee Address: \_\_\_\_\_

Grantee E-mail: \_\_\_\_\_ Grantee Phone: \_\_\_\_\_

Is the Grantee an \_\_\_\_\_ Individual \_\_\_\_\_ Non-profit Corporation \_\_\_\_\_ Other (Please explain)

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Grantee website address: \_\_\_\_\_

How is Requestor involved in or volunteering to assist the Grantee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount of Request \$ \_\_\_\_\_ Is the Grantee providing any match? \_\_\_\_\_

What is the total project cost? \$ \_\_\_\_\_

When are funds needed? \_\_\_\_\_

Are other SJN groups being asked to assist in funding? If so, which groups and how much?

\_\_\_\_\_

How does this grant affect the community's faith life relating to mercy, outreach and/or discipleship?

Please answer the following with as much detail as possible:

1. Describe the purpose of the project:
  
  
  
  
  
  
  
  
  
  
2. Describe how the funds will be used:
  
  
  
  
  
  
  
  
  
  
3. What are the expected results of this project?

When will the project be completed? \_\_\_\_\_

Will there be an opportunity for volunteers to participate in the project? \_\_\_\_\_

If so, how many volunteers are needed, and for how much time?

# Volunteers \_\_\_\_\_ Total Volunteer Hours \_\_\_\_\_

**Return form to:**

Linda Stoverock,  
GSM Secretary  
[lstoverock@gmail.com](mailto:lstoverock@gmail.com)

Please note the Good Samaritan Ministry Board typically meets the second Wednesday of each month (except December). Please send all requests at least ten days before the meeting for consideration.

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**For GSM Use Only**

Amount of Funds Approved \_\_\_\_\_ Date Approved \_\_\_\_\_

Disbursement instructions \_\_\_\_\_

Reporting Requirements \_\_\_\_\_

Follow-up date \_\_\_\_\_