



**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 _____

Requestor Phone Number: _____

Requestor E-mail Address: _____

Grantee Name: _____

Grantee Address: _____

Grantee Phone: _____ Grantee E-mail: _____

Is the grantee an _____ Individual _____ Non-profit Corporation _____ Other (Please explain)

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? _____

If approved, who should check be made out to? _____

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:

Pat Grenell
GSM Secretary
pfggsm@gmail.com

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

For GSM Use Only

Amount of Funds Approved _____ Date Approved _____

Disbursement Instructions

Reporting Requirements

Follow-up date _____