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**Outreach Fund - Application Form**

(Submit to Brad Macke in the parish office: bmacke@sainti.org)

1. **Name of person submitting application**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Contact information of person submitting application**:

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**3. Name of organization**:

**4. Main purpose of organization**:

**5. Does the mission of the organization conflict in any way with the moral teachings of the Catholic Church?**

**6. What would the funds be used for? Be as specific as possible; use the back of this form or a separate sheet, if necessary.**

**7. What amount of funds are you requesting?** \_\_\_\_\_\_\_\_\_

Parish Office Use Only

Application approved? YES or NO

Amount approved:

Reasoning:

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

Parish Staff member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Staff member signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_