



SECTION I: APPLICANT INFORMATION

Deanery: _____

Name of Applicant Parish/Mission/Organization: _____

Address of Parish/Mission/Organization: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Email: _____

Website: _____

Contact Person for Project or Parish/Mission/Organization:

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Email: _____

SECTION II: PROJECT/INITIATIVE INFORMATION

1. Name of Project/Initiative: _____

2. Project/Initiative Start Date: _____ End Date: _____
(dd/mm/yyyy) (dd/mm/yyyy)

3. Describe in concise detail the project/initiative: The information provided on the project/initiative should include responses to the following criteria. In addition, please provide any other pertinent information that will help the Board to adjudicate your application.

i) What is the goal/objective of your project/initiative?

ii) Who will be involved?

iii) Specify the activities that will take place to successfully accomplish the project/initiative. What do you hope to achieve through your project/initiative?

iv) What impact do you hope your project/initiative will have on your organization/community/Eparchy?

v) Indicate if any work has been done to date on this project/initiative?

vi) Are there other partners/organizations that will be involved with this project/initiative?

vii) Have you applied for or will you be receiving funds from other sources? Please name those sources.

viii) Identify anticipated outcomes of this project/initiative. What do you hope of achieve through your project/initiative?

SECTION C: PROJECT/INITIATIVE BUDGET

Amount of Grant Funding Applied For: \$ _____

Please provide a financial budget listing all the revenue sources and expected expenses/costs for this project/initiative:

All Anticipated Revenue:

- Foundation funds: _____ \$ _____
- Funds from other sources: _____ \$ _____
- Other: _____ \$ _____
- **TOTAL REVENUE:** _____ \$ _____

All Anticipated Expenditures/Costs in detail:

- i) _____ \$ _____
- ii) _____ \$ _____
- iii) _____ \$ _____
- iv) _____ \$ _____
- v) Other: _____ \$ _____
- TOTAL EXPENSES/COSTS:** _____ \$ _____

SECTION D: DECLARATION & PASTOR’S APPROVAL

By signing this application, I (we) certify that the information submitted for consideration is true and accurate to the best of my(our)knowledge. I (we) affirm that any funds received will be used only for expenses/costs incurred for the above-named project/initiative. I (we) agree to submit a final project report, including a financial report and a list of activities that took place to achieve the objective/goal.

Date: _____
(dd/mm/yyyy)

Printed Name and Signature of the Applicant Parish/Mission/Organization:

(Printed Name) (Signature)

Endorsement and Signature of Pastor:

(Printed Name) (Signature)

Forward completed application form by October 31st to:
 Ukrainian Catholic Foundation of Saskatchewan Corporation
 214 Avenue M South, Saskatoon, SK S7L 2K4
 Attention: Morris Smysnuik, Executive Director
 Or
 Email your application to: admin@ucfsask.org