



**GRANT FUNDING APPLICATION FORM**

**Note: Download and save application form. – Complete application form and print out saved copy to submit.**  
**(Deadline date for applications: April 15, 2023)**

**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 to 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 April 15, 2023 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](mailto:admin@ucfsask.org)