



APPLICATION FORM

St. Mary's Church Tithing Fund

- ⇒ Complete the entire application form.
- ⇒ No cover letter is necessary.
- ⇒ Email completed application to: david.palma@dor.org
- ⇒ OR mail to:
 - St. Mary's Tithing Committee
 - 259 Rutgers Street
 - Rochester, NY 14607
- ⇒ By completing this application you are indicating that you are willing to have project visitation, interview and/ or a site visit, if requested.

Name of Organization, Ministry or Agency Applying: _____

Street Address: _____

City: _____ **State:** _____ **Zip** _____

Name of Contact Person: _____

Day Time Phone: _____ **Email** _____

Total Amount Requested: \$ _____

Description of Organization • 501(c)3? Y N Employer ID number _____

Please attach financial statement OR a copy of your 990.

Overall Organization Purpose: _____

Number and type of staff employed: _____

Give a brief narrative description of the Project/Activity for which you are requesting funds, including goals of Project/Activity and a description of the population who will receive services.

Name of any St. Mary's staff or parishioners who have firsthand knowledge of your organization.

Please provide the name and phone number or email addresses of 2 references we may contact who have firsthand knowledge of your organization (other than the names you listed above.)

Have you received funds in the past from St. Mary's? Y N

If yes, what year? _____.

St. Mary's Church Society, Inc. Disclaimer

I agree that _____ will use any funds that St. Mary's Church Society, Inc. may award in the manner described in this application and in compliance with applicable law and will comply with any requirements of the church for accounting or narrative reports.

St. Mary's Church Society, Inc. shall not be liable in any way, and we agree to indemnify and hold harmless St. Mary's Church Society, Inc. for any loss, claims expenses and damages arising out of, resulting from or in connection with any actions we take or fail to take, or that may be taken on our behalf, in connection with any such funds and the project described in this application.

Signature of authorized person in your organization.

_____ Date: _____

Submitted by (Name and title) _____

Date: _____