

**Grant Application**  
**Franciscan Friars of Holy Name Province Benevolence Trust**

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**USE ONLY THESE 4 PAGES OF THE "GRANT APPLICATION" PLUS THE "PROJECT BUDGET."  
DO NOT ADD ADDITIONAL SHEETS.**

Name of Project or Program: \_\_\_\_\_ Grant Amount Requested: \$ \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Telephone #: \_\_\_\_\_ ext \_\_\_\_ Organization Fax #: \_\_\_\_\_

Web Site: \_\_\_\_\_ HNP Friar Contact: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_ ext \_\_\_\_ Contact Fax #: \_\_\_\_\_

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

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1) List the name(s) of the Holy Name Province Friar(s) who is/are associated with the Organization/Project and how he/they is/are directly involved or associated with the Project.

2) List Organization/Project's grant history with Holy Name Province Benevolence Trust or St. Anthony's Guild.

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3) Provide a brief history of the Organization/Project.

4) Explain intended use of requested grant.

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5) Describe the client population and the geographic area served by the Organization/Project.

6) Describe the current goals of the Organization/Project.

7) Identify and describe the programs or projects relationship with other programs or projects serving similar needs in your service and/or program area.

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8) List the other corporate, foundation and/or government grant funding that you have applied for, received or expect to receive in the current year and the amounts awarded.

9) Number of employees?      Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

10) Number of volunteers?      Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

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Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-address: \_\_\_\_\_

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**If application is approved, please indicate the exact name to which the grant check should be payable to:**

\_\_\_\_\_

Address check should be mailed to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Send to:** BENEVOLENCE TRUST ADMINISTRATOR, HOLY NAME PROVINCE, 129 West 31<sup>st</sup> Street – 2<sup>nd</sup> Floor  
NEW YORK, NY 10001-3403

**E-Mail:** BTAdmin@hnp.org