

**Grant Application**  
**Franciscan Friars of Holy Name Province May Bonfils Stanton Memorial Trust**

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**USE ONLY THESE 4 PAGES TO COMPLETE YOUR APPLICATION.**  
**ALSO SUBMIT THE PROJECT BUDGET SHEET. 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: \_\_\_\_\_

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

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

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

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1) List Organization/Project's grant history with Holy Name Province, and/or the May Bonfils Trust.

2) Explain intended use of requested grant.

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

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

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

6) Describe current activities and accomplishments of the Organization/Project.

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

8) List 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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11) Please attach a copy of the following materials:

1. The IRS letter according the sponsoring organization with its not-for-profit status;
2. Sponsoring Organization's mission statement;
3. Current list of Board members with affiliations;
4. Most recent financial audit, or copy of Form 990;
5. Current operating budget (including sources of projected income).

12) Any additional comments.

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Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ ext \_\_\_\_ E-mail: \_\_\_\_\_

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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:** MAY BONFILS TRUST ADMINISTRATOR, HOLY NAME PROVINCE, 129 West 31<sup>st</sup> Street – 2<sup>nd</sup> Fl  
NEW YORK, NY 10001-3403

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

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