**FSC Foundation**The FSC Foundation provides financial support for programs that help the educationally disadvantaged.

**Grant Application Form** (Application due date: August 31, 2021)  **(This form is provided so that applicants can have a saved copy on file. Please copy and paste from this into the on-line application and submit on-line. Please do not try to send an application via regular mail. Thank you.)**

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| **Name of organization submitting request** (Foreign organizations need a Catholic fiscal agent organization in the USA. See section 14. The FSC Foundation limits its grants this year – no more than five grants to organizations in any one foreign country, no more than two foreign grants going through any one fiscal agent)  Click here to enter text.  **Address** (Street address or PO Box only)  Click here to enter text.  **City**  Click here to enter text.  **State**  Click here to enter text.  **Zip**  Click here to enter text.  **Country in which grant would be used**  Click here to enter text.  **Has your organization ever received FSC Foundation funding?**  No Yes  If so, In what year(s)  Click here to enter text.  **Has this particular project ever received FSC Foundation funding?**  No Yes  If so, In what year(s)  Click here to enter text. |



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| **Project Title**  Click here to enter text. |



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| **Contact Person Name**  Click here to enter text.  **Phone**  Click here to enter text.  **Email Address** (Note: No two applications can have the same email address)  Click here to enter text. |



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| **Specific Purpose for which funds are being sought** (1500 Characters max)  Click here to enter text. |



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| **Describe the financial need of the population being served** (1500 Characters max)  Click here to enter text. |



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| **Method of project implementation and project time period. If the project will be on-going, indicate future financial plans for income and financial stability.** (1500 Characters max)  Click here to enter text. |



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| **Evaluation of project success: Describe criteria for measurement of success and evaluation procedure/format. An evaluation report will be requested by FSC Foundation.** (1500 Characters max)  Click here to enter text. |



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| **Specifically Itemize how you intend to use the FSC Grant.** (1500 Characters max)  Click here to enter text. |



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| **What is the total cost of this particular project?**  Click here to enter text. |



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| **How much has already been obtained?**  Click here to enter text. |



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| **Other sources of funding (Including matching grants and in-kind services) along with amount sought and status of request.** | | |
| **Organization** | **Amount** | **Status** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Give a concise description of the applying organization. This should include a history and description of the organization.** (4000 Characters max)  Click here to enter text. |



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| **Amount Requested:** (please enter only digits below - no $, no comma, no decimal point, no cents. For example, $4,000.00 would be entered as 4000)  Click here to enter text.  (NO FUNDS WILL BE GRANTED BEFORE JANUARY 31, 2022) |



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| **Please review ALL of the items in this and check the boxes to assure a match with our FUNDING CRITERIA.**  Our project has an educational component  Our project serves the poor AND/OR the disadvantaged  This project is the only one we are submitting for FSC FOUNDATION CONSIDERATION this year  **A United States, Catholic 501(c)(3) non-profit organization**  **A Client of Christian Brothers Investment Services (CBIS)**  **A Foreign Catholic Organization and the information for our Catholic fiscal agent organization in the United States is all entered in box 15 below including our agent’s email address.**  Click here to enter text.  **A Foreign Catholic Organization and our Catholic fiscal sponsor organization is a client of Christian Brothers Investment Services (CBIS)**  **This grant will not be used for ongoing salaries and administrative costs, tuition scholarships or endowments.**  **I have reviewed all these criteria and confirm that our request is within these guidelines.** |



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| **Method preferred for the transfer of funds if grant is approved. As required by law checks can be made payable only to a United States tax-exempt organization (i.e. your organization or your sponsor organization). Checks can never be made to individuals.**  **Check to be made payable to the following U.S. Catholic tax-exempt organization(must be listed in the Official Catholic Directory of the United States):**  **Name of Fiscal Agent Organization**  Click here to enter text.  **Address** (Street address or PO Box only)  Click here to enter text.  **City**  Click here to enter text.  **State**  Click here to enter text.  **Zip**  Click here to enter text.  **Fiscal Agent Email Address**  Click here to enter text.  **To the attention of Name:**  Click here to enter text.  **Name of person submitting this application**  Click here to enter text.  **The Catholic organization that we have identified as our United State fiscal agent is aware that we are asking it to serve in this capacity if our application is funded.** |

If you are a Foreign Catholic organization please let your sponsor know that if we are able to fund your application we will first ask your United States sponsor organization to send us a brief letter explaining its relationship to your organization.  
  
**FSC Foundation**  
3344 S. Indiana Ave.

Chicago, IL 60616

[fsc-foundation@cbmidwest.org](mailto:%20fsc-foundation@cbmidwest.org)  
  
Please **do not** submit any supplementary material. Supplementary material will not be reviewed.  
  
Thank you.