St. Philip Benizi Ministries Helping Others
Grant Assistance Request Form

Today's date:_____

Event/Project date, if applicable:

Name of Ministry:

Applicant's name:_____

Home telephone number:_____Cell telephone number:_____

Email address:_____

Mailing address/Street_____

City_____Zip code_____

What is the amount of your financial request?_____

Please provide an itemized account of how the money will be spent:

What are you hoping to achieve (goals/objectives)?

How does this project /event align with our parish mission statement?

If granted the request, an After Action Report (AAR) must be submitted to: the Pastor, the parish Business Manager, and the Pastoral Council within thirty (3) days of the project/event. All receipts for purchases to be reimbursed must be submitted to the parish Business Manager prior to, or along with, the After Action Report.

Signature_____Date_____