American Martyrs Catholic Community
Application for Tithing Funds

Organization Information:

Name of Organization: ________________________________________________________________

Denomination of Organization: __________________________________________________________

American Martyrs Sponsoring Organization [if any], including Contact Name and Phone Number:

_________________________________________________________________________________

Organization Full Address: __________________________________________________________

Organization Web URL [if any]: ______________________________________________________

Organization’s Contact Individual: _____________________________________________________

Title: _____________________________________________________________________________

Email Address: ____________________________

Telephone: ______________________________

Organization Mission Statement: ______________________________________________________

_________________________________________________________________________________

Brief Statement of Specific Project: ____________________________________________________________________________________________

Organization Geographic Region of Service Delivery: ______________________________________

Amount of Aid Requested: ______________________________________________________________

Total Project Budget [if applicable; attach copy]: __________________________
On behalf of your organization, please provide answers to the following questions:

1] Has your organization previously applied for funding from this Tithing Committee?
   Yes ☐  No ☐
   If Yes, provide date(s) and outcome(s) of each application:

2] Describe your Organization’s background and purpose.

3] Describe the specific project for which you are requesting funding.

4] Will this specific project require ongoing funding for continuation?
   Yes ☐  No ☐
   If Yes, what will be the source of the funding in the future?

5] What are the organization’s goals for this specific project?
6] How will the success of these goals be measured?

7] How many individuals are expected to directly benefit from this specific project?

8] Is the requesting organization partnering with any other organizations for this specific project?
   Yes ☐ No ☐
   If Yes, provide details.

9] What are the organization’s additional sources of financial support?

10] How does this specific project align with the stated mission and guidelines of the American Martyrs Catholic Community Tithing Committee?

[Signature page follows]
The information provided in this Tithing Application, and all additional supporting material, is true and correct to the best of my knowledge and accurately reflects the specific need of the requesting organization for the specified project.

____________________________________________________________
Organization Name

____________________________________________________________
Printed Name of Individual Completing Application

____________________________________________________________
Title

____________________________________________________________
Date of Application

____________________________________________________________
Signature of Individual Completing Application
# American Martyrs Catholic Community

## Tithing Funds Application

### Checklist

**Organization Name:**

**Amount requested:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Application</td>
<td>☐</td>
</tr>
<tr>
<td>Statement that previous application in current pastoral year [July 1- June 30] has not been made</td>
<td>☐</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>☐</td>
</tr>
<tr>
<td>Copy of IRS 501(c)(3) Certificate</td>
<td>☐</td>
</tr>
<tr>
<td>Most current financial statement and/or most current tax return</td>
<td>☐</td>
</tr>
<tr>
<td>Documentation to substantiate amount of funding requested in the application</td>
<td>☐</td>
</tr>
<tr>
<td>Copy of budget for entire project, if different</td>
<td>☐</td>
</tr>
<tr>
<td>Additional supporting documentation, if appropriate</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please include this completed checklist with your application