

2025 DCWC Charity Grant Application Form

Complete this application and email to:

Grants Chairperson, Sue Koverman

Skoverman1@gmail.com

937-245-1202

Submissions must be received by **February 21, 2025** and comply with listed Criteria & Guidelines.

Organizational Information

Organization Name _____

Address _____

Web Site URL _____

Organization is 501(c)(3) non-profit charitable organization serving the Miami Valley?

YES _____ NO _____

Does this Organization participate in, or promote, any activity that is contrary to the teachings of the Catholic Church? YES _____ NO _____

Employer Identification Number (EIN) _____

Board Members/Trustees, Officers

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Staff Members:

Paid Full-time _____ # Paid Part-time _____ # Volunteer _____

Affiliated with National/Regional Organization?

YES _____ NO _____

If YES: Organization Name _____

Web Site URL _____

Organizational Purpose

Organization Vision and Mission: _____

Services

_____	_____
_____	_____
_____	_____
_____	_____

Populations Served

_____	_____
_____	_____
_____	_____
_____	_____

Financial Information

Annual Report

Web Site URL _____

Has the organization received a DCWC grant in the last five years? YES _____ NO _____

If YES: Please list the years:

Proposed Project Information

Amount Requested \$ _____

Proposed Project Summary: _____

Proposed Project Details

Why the Project is needed: _____

Project tasks: _____

Population profile of those who will benefit: _____

Specific Project goals and outcomes: _____

Itemized budget for use of grant funds requested:

_____	_____
_____	_____
_____	_____
_____	_____

Project Plan Timeline for expenditure of grant funds and for determining success of project:

_____	_____
_____	_____
_____	_____
_____	_____

Impact if Not Funded: _____

Additional Funding Sources for this Project: _____

Project Point of Contact

Point of Contact (POC) - Provide contact information for the individual within your Organization who will serve as the principal POC for the management and processing of this Grant.

Name _____

Title/position _____

Phone number _____

Email address _____

Mailing address _____

Organizational Signature

Chief Executive Officer (or equivalent) - Provide contact information and signature for the individual within your Organization, whose signature confirms compliance with all Charity Grant Application Criteria and Guidelines, and the accuracy of all information contained in this Charity Grant Application.

Name _____

Title/position _____

Phone number _____

Email address _____

Mailing address _____

Signature _____

Printed Name _____

Date _____