

**John XXIII University Parish
Missions Committee
Request for Funding**

Please complete the following to help us evaluate your request:

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ E-Mail Address: _____

Total cost of project: \$ _____ Amount of Request: \$ _____

1. Describe your request: _____

2. Explain how your activity is consistent with the mission of the Church.

3. Are there other members of John XXIII participating in your project/activity? Please name them:

4. How will you measure the success of your project/activity? _____

5. When do you need the money? _____

6. What other financial commitments you have received for this project/activity?

Contributor

Amount

7. Please attach a detailed budget for your activity.

Please Note: If your project is approved and funded, you will be required to provide a written report of the completed work prior to receiving the final installment of the donation.

Signature: _____

Date: _____