

**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: \_\_\_\_\_