

**Grant Application**  
**Franciscan Friars of Holy Name Province May Bonfils Stanton Memorial Fund**

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**USE ONLY THESE 2 PAGES OF THE GRANT APPLICATION AND SUBMIT ELECTRONICALLY**

Name of Project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Name and Address of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Telephone #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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1) List Organization/Project's grant history with Holy Name Province, and/or the May Bonfils Trust.

2) Explain intended use of requested grant.

3) Briefly describe the client population and the geographic area served by the Organization/Project.

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4) Please attach a copy of the following materials:

1. The organization's mission statement
2. The IRS letter granting the sponsoring organization its not-for-profit status;
3. The most recent 990 filing.

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Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ E-contact: \_\_\_\_\_  
Signature: \_\_\_\_\_

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**If a grant is awarded, please indicate the exact name of the entity to which the grant funds should be paid:**

\_\_\_\_\_

Address check should be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit electronically to:**

MAY BONFILS FUND ADMINISTRATOR,  
HOLY NAME PROVINCE,  
129 West 31<sup>st</sup> Street – 2<sup>nd</sup> Floor,  
NEW YORK, NY 10001-3403

**E-Mail:** [MBAdmin@hnp.org](mailto:MBAdmin@hnp.org)