

**Grant Application**  
**Franciscan Friars of Holy Name Province Benevolence Trust**

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

Name of Project: \_\_\_\_\_ Requested: \$ \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ ext \_\_\_\_\_ Website: \_\_\_\_\_

HNP Friar Sponsor: \_\_\_\_\_

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

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

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1) List the name(s) and relationship to the Holy Name Province Friar(s) actively associated with the proposed project.

2) List Organization's history with Holy Name Province Benevolence Trust.

3) Provide a brief history of the Organization/Project.

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4) Explain the intended use of the grant.

5) Briefly describe the client population served by the Project.

6) Please attach a letter of support written on the appropriate letterhead and signed by the Friar-Sponsor.

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Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ E-contact / Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\_\_\_\_\_

Address check should be mailed to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have questions or require further assistance contact:

Benevolence Trust Administrator, 129 West 31<sup>st</sup> Street – 2<sup>nd</sup> Floor, New York, NY 10001-3403

**E-Mail:** [BTAdmin@hnp.org](mailto:BTAdmin@hnp.org) or Tel: 646-473-0265 x360

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