

BENEVOLENCE TRUST
FRANCISCAN FRIARS OF HOLY NAME PROVINCE

GRANT APPLICATION

Name of Project: _____

Requesting: \$ _____

Applying: (Select one) July 1 November 1 March 1

Organization Name and Address:

Website: _____

Organization's Contact Person: _____

Telephone: _____ E-mail: _____

HNP Friar Sponsor: _____

List the friars of Holy Name Province who have been, or are currently associated with, the Organization and its proposed project.

Provide a brief history of the Organization/Project.

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

Explain the intended use of the grant.

Describe the client population to be served by the Project.

Prepared by: _____ Title: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

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

Check should be mailed to:

NB ATTACH A LETTER OF SUPPORT SIGNED BY YOUR FRIAR SPONSOR

SUBMIT THIS APPLICATION ELECTRONICALLY TO: BTAdmin@hnp.org

Should you have any questions or need assistance, please contact:

Dan Kenna, O.F.M., Grant Administrator
Holy Name Province
129 West 31st Street, New York, NY 10001-3403
646-473-0265, x 303, BTAdmin@hnp.org