

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

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: _____

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.

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

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.

Prepared by: _____ Title: _____
Date: _____ E-contact: _____
Signature: _____

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 31st Street – 2nd Floor,
NEW YORK, NY 10001-3403
Ph: 646-473-0265 x 303

Email: MBAdmin@hnp.org