

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](mailto:BTAdmin@hnp.org)**

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

Fr. Brian Smail, O.F.M., Grant Administrator  
Holy Name Province  
129 West 31<sup>st</sup> Street, New York, NY 10001-3403  
646-473-0265, x 303, [BTAdmin@hnp.org](mailto:BTAdmin@hnp.org)