



**DOMINICAN FRIARS  
OUTREACH FUND**

**Grant Application Cover Page**

**PLEASE TYPE**

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**When was the organization established? (Year or date):** \_\_\_\_\_

**Why and which DFOF's outreach mission focus area do you feel your organization aligns?**

*Prayer Study Community Preaching*

**Please list parishioners of St. Peter Church or patrons of St. Martin de Porres National Shrine and Institute who are current active volunteers.** \_\_\_\_\_

**Grant amount requested (\$7,500 maximum):** \$ \_\_\_\_\_

**Have you received previous grants or funding from the DFOF?**  Yes  No

**If YES, list funding on a separate page.**

**If funding is awarded:** Payee Name: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

**SIGNATURE, CONTACT PERSON:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A member of the Outreach Fund Committee will contact you.**

Daytime phones: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Is it possible to call in the evening?  If yes, indicate number: \_\_\_\_\_

Best days/times to call? \_\_\_\_\_

**Please complete contact information for references. (Church or Shrine members suggested; not required)**

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_