

**2017 - ST. BRONISLAVA PARISH  
NON-PROFIT OUTREACH GRANT APPLICATION**

Name of Non-profit Organization: \_\_\_\_\_

Date of Inception: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRANT AMOUNT LIMIT IS \$400.00

Amount of Grant Request: \_\_\_\_\_ Number of people to be served by this Grant: \_\_\_\_\_

Please provide a concise summary of the purpose of your grant request on this page. Include a detailed description of the service to be provided to the community and the number of individuals to be served. Funds may not be used for office supplies, furniture, telephone or other administrative expenses. **IN ORDER FOR YOUR REQUEST TO BE CONSIDERED ALL INFORMATION MUST BE PROVIDED ON THIS FORM. NO EXTRA PAGES.**

**APPLICATION MUST BE POSTMARKED BY May 15, 2017**

Name and address of contact person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Send application to:** Social Concerns Committee  
St. Bronislava Parish  
P. O. Box 158  
Plover, WI 54467-0158