

**Cathedral Women
Christ Church Cathedral
Mailing address: 55 Monument Circle, Suite 600
Indianapolis, IN 46204**

Grant Application

Date submitted _____

1. Title of Project _____

2. Applicant Institution or Organization _____

Name _____

Mailing Address _____

3. Official signing for Institution or Organization

Name _____

Mailing address _____

4. Program Director or Grant Administrator

Name _____

Address _____

Telephone _____

Position or Title _____

5. Total amount requested from Cathedral Women _____

6/ Total cost of entire project _____

7. Anticipated program/project start and completion date _____

8. Are you seeking grants for this project from other organizations?
Explain:

9. Describe the project with particular attention to the following:
a. What is the purpose of the project?

b. How would a grant from the Cathedral Women help meet the purpose?

10. Please attach (1) your detailed project budget, (2) the organization's budget for the current year, (3) the financial statements for the previous fiscal year and (4) your 501 (c) (3) certification. If your financial statement for the previous year is not available, please explain. You may also include any other information that you believe would support your proposal.

11. Signature of Program Director _____

Signature of responsible Officer of Organization _____

Return to Cathedral Women
Christ Church Cathedral
55 Monument Circle, Suite 600
Indianapolis, IN 46204 or
FAX 317-635-1040

Deadlines for grants to be reviewed: February 15 and September 1