GRANT APPLICATION

Date:		Ref: GA	/08
То:	ASSISTANCE ABROAD COMMI	TTEE	
Beneficiary (Name & Address):			
		,	•••••
			•••••
Amount R	equested:		
Project/Pu	irpose:		
			•••••
			•••••
Recommen	nded/supported by:		
Approved: [meeting date]			
	AAC Coordinator	Parish Priest	
For office use only:			
<u>Treasurer</u>	<u>& Bookkeeper</u> :		
Please trai	nsfer the sum of	to:	
Account N	ame		•••••
Address		••••••	•••••
•••••			•••••
•••••			•••••
Account N	umber	,	
Name & A	ddress of Bank	••••••	•••••
		••••••	
Quote refe	erence		
IBAN NUMBER &/OR SWIFT NUMBER			

Information & Criteria Required for Grant Requests

From the Beneficiary:

- Name and address
- **Brief history/background of beneficiary** [If an organisation: its objectives, date founded, statutes, organisational structure and names of its chief officers/directors]
- Brief history/background of project, if appropriate
- Amount requested
- Purpose of the grant
- New request or on-going
- Supporting local references, e.g. from Bishop
- Other donors
- Bank account details

From the Applicant/Parishioner:

- Name and address
- Occupation
- How long in Parish
- Connection with the beneficiary

Once funds disbursed:

- Acknowledgement of receipt of funds and confirmation of application of funds to the purpose approved
- If appropriate, yearly updates, photographs and other supporting documentation