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**2024 Catholic Charities of West Tennessee**

**Parish Social Ministry Micro Grant Request Application**

Thank you for your interest in applying for Catholic Charities of West Tennessee Parish Social Ministry Micro Grant. The mission of our Parish Social Ministry is to engage, assist, and resource parishes throughout West Tennessee in order to serve the needs of parishioners and surrounding communities.

The micro grant program is another way our ministry is working to assist parishes, churches, schools and other community organizations in order to help their communities.

Grant assistance will be given to support the growth or enhancement of an existing parish ministry or assist in establishing a new ministry which will serve the needs of the parish and community.

**Completed applications must be submitted by Friday, April 12,2024.** Applications can be emailed to [carlos.martin@ccwtn.org](mailto:carlos.martin@ccwtn.org) or mailed to Catholic Charities of West Tennessee c/o Parish Social Ministry P.O Box 41955 Memphis, TN 38174. An email will be sent indicating receipt of your request and additional emails will be sent when the status of award has been determined.

We look forward to hearing about your ministry. If you have any questions, please email our Parish Social Ministry Manager, Carlos Martin at [carlos.martin@ccwtn.org](mailto:carlos.martin@ccwtn.org) or call   
(901)722-4713.

**Application Requirements:**

* A completed application received by end of day Friday, March 31, 2023
* A local Catholic Parish Pastor’s letter of support for the ministry and ensuring the ministry or program aligns with catholic social teaching.
* Provide determination letter (if organization is a registered 501c3)
* Funds must be used for only the applied for program/ministry  
  Funds may **NOT** be used for the following: salary, education, rent/mortgage assistance or travel.
* Grants are awarded in only $500 and $1000 amounts. Request must not exceed $1000.
* An End of year (or end of project) Impact Report must be submitted.

**2024 Catholic of Charities of West Tennessee Grant Application**

1. **General Information:**

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| --- |
| **Church/Organization Name:** |
| **Address:** |
|  |
| **Phone:** |
|  |
| **Primary Contact Name:** |
| **Email:**  **Phone:** |
| **Ministry’s Name:** |
| **Ministry’s Address (if different than above):** |
|  |
| **Name of Priest/Pastor/Religious Order Providing Letter of Support:** |
|  |
| **Project Title (if different than Ministry Name):** |

1. **Is your organization/ministry/program registered as a 501(c)3?  
    If so, please provide determination letter.**
2. **Project Description: Purpose and Goals:**

**Please answer the following questions completely. You may use the   
 space provided or attach additional information.**

**A.) Describe the program or project and its intended purpose.   
 How will it impact the parish and community?** (250 words Max)

**B.) What are your goals?** (100 words Max)

**C.) How will progress be measured?**

1. **Describe what need is being met by this project? Who will be served and where?** (100 words max)
2. **If this is an existing ministry/program, how many people were served this past year? And how many do you hope to serve in the next year?**
3. **What research or information was gathered to determine the need of this project?** (100 words max)
4. **Will this project be linked to other community resources or community partners in the area? Or will this be something new to the parish/community?** (100 words max)
5. **Who will oversee the project/project?** (100 words max)

1. **How does this program/project align with Catholic Social Teachings?**

(100 words max)

1. **If your organization is not Catholic, how will this project incorporate or enable a partnership with a local catholic parish?**
2. **If you do not receive this grant, how will it impact your goals?** (100 max)
3. **Please share any additional pertinent information regarding this ministry/program/project.** (50 words max)
4. **Financial Information**:

|  |  |
| --- | --- |
| **Amount Requested for 2024 (please circle)** | **$500 $1000** |
| **Total Project Budget:   Total Ministry Budget (if different from Project Budget):** | |
| **Have you received funding from the JDDC or Micro Grant fund in the past?  If so, how much, and what year?** | |

1. **Please share the following if previous JDDC/Microgrant award received:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Year** | **Number of Families Served** | **Number of Individuals Served** | **Year** | **Number of Families Served** | **Number of Individuals Served** |

**Other details about how these previous funds were used:**

**Required Enclosures:**

Please check off the following items have been included with your application.

Completed Micro Grant Application

Letter of Support

501c3 Determination Letter (If ministry is registered as a 501c3)

Any additional information (optional)

**DUE DATE REMINDER: April 12, 2024**

**Thank You!**