



The Saint Pio Foundation provides grants to not-for-profit American Catholic healthcare, educational social, religious, and cultural organizations, in the United States of America, and abroad.

## GRANT APPLICATION

Entries must be typed or printed clearly. Applicants are encouraged to attach a letter or supporting documentation to highlight their needs.

**NOTE:** If you have received a previous grant, please attach a letter or other document specifying how the grant was used to achieve the goal specified in your previous application.

Date of application (mo/day/year): \_\_\_\_\_

Name of organization to which grant would be paid (please list exact legal name):  
\_\_\_\_\_

Type of Organization (select one):

Healthcare    Educational    Social    Religious    Cultural    Other

Purpose of grant in one sentence: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Executive Director: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_  
(if not Executive Director)

Grant amount requested: \_\_\_\_\_

Is your organization registered under the provisions of Section 501(c)(3) of the United States Internal Revenue Code?    YES    NO

If YES, please provide the organization's tax ID # (EIN): \_\_\_\_\_

Total project budget: \_\_\_\_\_

Dates covered by this project budget (mo/day/year): From: \_\_\_\_\_ To: \_\_\_\_\_

Project name (if applicable): \_\_\_\_\_

Have you previously been awarded a grant from the Saint Pio Foundation?  YES  NO

If YES, how many people did the grant affect? \_\_\_\_\_

If YES, please provide a 2-3 sentence summary of the impact of the grant in action.

(The Saint Pio Foundation takes a results-oriented approach to awarding grants. Our goal is to identify the benefits that awarded grants have created for a community. Accompanying photos are encouraged.)

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How does the requested grant further the mission of The Saint Pio Foundation?

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I hereby give permission for The Saint Pio Foundation to use my image and/or any portion of my application it may select for promotional purposes. I understand that the Foundation requires all applicants for a grant to give such permission.

Name of Person Signing Application (print or type): \_\_\_\_\_

Title of Person Signing Application (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date (mo/day/year): \_\_\_\_\_

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### FOR INTERNAL USE

- Application filled out in full and signed.
- If not listed on Guidstar.org, tax forms from previous year included.
- If reapplication, proof of previous grant use (in form of pictures, press coverage, or written statement)