Cedar Catholic Development Office
Grant Application

Date of application:_____ Date Funds Needed_____

Name of School: _____

Contact Principal: _____ Phone Number: _____

Email Address:_____

Organization's Address:_____

City/State/Zip:_____

Type of Donation: Matching Gift   One-time Gift   Annual Sponsor   Other

What is the value of the donation/support you are requesting: $_____

What is the total cost of the project:$_____

Date payment is needed: _____

Project Description: What will the donation be used for?

Project Impact: How will the project impact the school/community?

_____   _____
Applicant   Date

_____   _____
Cedar Catholic Board President   Date

Development Committee Response: