APPLICATION FORM REQUEST NUMBER:____ A. NAME AND ADDRESS of tax exempt organization **B. CONTACT PERSON AND TITLE** submitting application C. NAME AND ADDRESS of Ordinary of project's Diocese: on behalf of: (approval letter, with affixed seal, must be attached) 1. FINANCIAL REQUEST Amount requested in U.S. funds: \$ _____ and local currency: Diocesan Bank account name and number: SWIFT CODE: 2. REQUEST 3. INTRODUCTION Give brief description of the organization seeking funds (attach additional material if necessary): 4. REGIONAL SUMMARY Give brief outline of economic and geographic condition of area. Include a map of project's location.

PROBLEMS & OBJECTIVES Briefly (A) describe the basic problem or need and (B) identify what you want to accomplish.	
	COST AND FINANCING
	ect. How long to complete? Total cost and breakdown of costs. What funds already obtained? List sources and
amounts. Include any	other Foundations applied to.
VEHICLE APPLICA	TION
	nicles in use in the project. List the number of religious using these vehicles. List the type of vehicles,
	where funds secured for purchase. (Attach a pro forma statement from a local dealership quoting the cost
of the vehicle desired)	: