



Knights of Columbus

BISHOP PETERSON COUNCIL, No. 4442
37 Main Street
Salem, New Hampshire 03079

APPLICATION FOR COUNCIL-TO-COUNCIL GRANT

PURPOSE OF THE PROGRAM

To provide financial support to other New Hampshire Knights of Columbus Councils willing to undertake programs and projects that will further the goals of the Knights of Columbus in their councils, parishes and communities. By stimulating activity where the primary deterrent may be money, Council 4442 (the Grantor) hopes to strengthen other councils (the Grantees) who can provide needed services and improvements in their parishes and local community. By helping councils to promote awareness of their presence in a community, we hope that new members can be attracted, creating more opportunities for doing good deeds.

CRITERIA

In order to be qualified for consideration, a council must be in good standing with the New Hampshire State Council and Supreme. The Grantee council should submit an application for a grant from Council 4442 that will strengthen their Council, improve their Council's visibility in their parish and community. It can be for a physical improvement, an awareness program, in support of their church's efforts or in helping an area Catholic school. It can be supplemental funding for a donation to a worthy cause. Grant funds may not be used to fund ordinary operating expenses of your council. The Grantee will have to demonstrate that it will participate in fund-raising, volunteering labor where needed, publicizing the activity and faithfully completing the project in a way that will promote a greater appreciation for the work done by Knights of Columbus everywhere.

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Council Name / Number _____ Contact Name _____

Mailing Address _____

Phone _____ email _____ Parish(s) _____

For the following questions, additional pages or supplemental information may submitted if needed.

PROPOSED PROJECT OR PROGRAM (briefly stated) _____

EXPLAIN IN DETAIL THE PURPOSE OF THE REQUEST, the duration of the effort (one time, periodically or longer) and what the Grantee expects to accomplish by undertaking the effort. _____

WHAT IS THE TOTAL COST OF THE PROPOSED PROJECT AND WHAT IS YOUR COUNCIL SEEKING FROM THE GRANTOR to assist the Grantee in accomplishing a successful project? _____

WHAT ARE THE START AND END DATES OF YOUR PROJECT AND WHEN WILL YOU BE NEEDING THE FUNDS? _____

EXPLAIN WHAT CONTRIBUTIONS IN FUNDS, LABOR AND OTHER MEANS, the Grantee will contribute to the effort _____

DOES THE GRANTEE UNDERSTAND AND ACCEPT THE FOLLOWING CRITERIA AS CONDITIONS FOR ANY GRANT THAT MIGHT GIVEN BY COUNCIL 4442?

- Funding is limited and that Grantee applications will be judged on their merit, the level of participation by the Grantee and the chance of success of the effort.
- That any funds granted by the Grantor must be used exclusively in the furtherance of the success of the approved project.
- That any funds not expended on the approved project must be returned to the Grantor unless specifically waived or re-allocated by the Grantor.
- The frequency of additional grants will be determined by the Grantor.
- That further in-person contact may be needed to fully explain the proposal which may include a presentation to our Grant Committee.
- A liaison representative from Council 4442 will be assigned to each grantee to assist with facilitating the distribution of funds and to monitor the progress and conformance of the approved project or program.
- Councils will be accountable for the proper use of grant funds. The recipient Council under this program will, on demand, hold harmless, indemnify and defend Council 4442 and its officers, members and other representatives from and against any claims brought or threatened against any such parties on account of recipient Council applying for or receiving grant funds under this program or any other actions taken using funds under this program.
- By submitting this Grant Application, I / we understand and agree to the terms as set forth above and in the cover letter accompanying this application, which are incorporated in their entirety.

Authorized Applicant

_____ Date _____

Council Grand Knight

_____ Date _____

Received for Council 4442 by

_____ Date _____

NH State Deputy: Approved **Disapproved**

_____ Date _____

Please mail this signed application to Bishop Peterson Council, 37 Main St. Salem, NH 03079