

## CHAUTAUQUA CATHOLIC COMMUNITY GRANT APPLICATION

The eligibility criteria for Chautauqua Catholic Community Grants are as follows:

- Organizations must be non-profit (ideally tax exempt under Section 501(c)(3) of the IRS code). Individuals and for-profit organizations are precluded due to the 501(c)(3) requirement that "no part of a section 501(c)(3) organization's net earnings may inure to the benefit of any private shareholder or individual."
- Organizations (and the programs or services that will be supported with the grant funds) must be within 50 miles of the Catholic House on the grounds of the Chautauqua Institution.
- Preference will be given to organizations consistent with the mission of the CCC and to religious (esp. Roman Catholic) programs and efforts at the Chautauqua Institution.
- Preference will also be given to Catholic organizations and parishes in Chautauqua County, however preference will be given for CCC sponsorship of programs on the grounds of Chautauqua Institution consistent with the mission of CCC.
- In addition to the CCC sponsorship of programs and religious organizations within the grounds of Chautauqua Institution, preference will be given to assist Roman Catholic parishes and their outreach programs' which are consistent with the mission of the CCC and the Roman Catholic.

Grants will be considered for the following purposes:

- To further the mission of CCC, the Chautauqua Institution and its community and/ or the Roman Catholic Church on the Grounds of the Chautauqua Institution.
- To further any cause consistent with the mission, rules and canon law of the Roman Catholic Church.
- Under no circumstances can any grant be used for any political campaign or for the benefit of any political candidate

**PLEASE FILL OUT THE APPLICATION BELOW AND EMAIL IT TO US OR DROP IT OFF AT "CATHOLIC HOUSE 20 PALESTINE AVE, CHAUTAUQUA, NY**

**CHAUTAUQUA CATHOLIC COMMUNITY GRANT APPLICATION**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Organizational Background: (purpose & objectives):

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the Grant Request: \_\_\_\_\_

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\_\_\_\_\_  
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Proof of Tax Exempt Status: Please provide documentation as to your tax exempt status.

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\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_