

SEAS Financial Support Request Form

LEVEL 2 (Requests over \$600)

1. Recipient Organization _____
Address _____
City/State/Zip _____
Email: _____ Phone: (_____) _____
Principal/CEO _____

2. IRS Registration information for 501 (c) (3) TIN# _____
a) Provision of IS & BS for two years
b) Percentage of funds distributed ÷ funds received _____

3. Charitable Goal/Objective of the potential recipient organization?

____ Food/drink to the hungry/thirsty

____ Sheltering the homeless

____ Clothing the naked

____ Visiting the sick

____ Visiting the imprisoned

____ Burying the dead

4. Funding Requested: _____ The funds will be used over _____ months/years.

5. Amount of time that your organization/efforts has/have been operating? _____ (years/months)

6. Is the recipient or any of its key member(s), in any way associated with SEAS?

Y _____ No _____. If so, what is the relationship?

7. Number of employees in the organization:

a) Full time paid employees _____

b) Part time paid employees _____

c) Volunteer employees _____

8. Has SEAS supported your organization in the past? Y _____ N _____ If Yes:
a) When did we last provide support? _____
b) What was the amount provided? _____
9. Does your organization have any past financial or spiritual issues that would give SEAS cause to not support this current request? Y _____ N _____. If yes, please explain:
10. Are your organization's stated goals or demonstrated practice/actions in accordance with the teaching of the Roman Catholic Church. Y _____ N _____ If no, please explain:
11. Is the Ft. Wayne/South Bend Diocese familiar with your charitable efforts? Y _____ N _____
a) Is the diocese aware of any present or past actions/programs provided/endorsed by this organization? Y _____ N _____
b) Has this organization ever been refused support by SEAS or the Diocese?
Y _____ N _____. If no, why? _____
12. I understand that if charitable funds are provided by SEAS, they will be used by by our organization to perform the above noted function and not used to support another organization whose intentions are similar.

SIGNATURE _____

Finance Committee Record of Vote Y _____ N _____ Date ____/____/____

Business Manager Approval _____ Date ____/____/____

Pastor Confirmation _____ Date ____/____/____