

# SEAS Financial Support Request Form

LEVEL 1 (Up to \$600)

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

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

\_\_\_\_ Food/drink to the hungry/thirsty      \_\_\_\_ Sheltering the homeless      \_\_\_\_ Visiting the imprisoned  
\_\_\_\_ Clothing the naked      \_\_\_\_ Visiting the sick      \_\_\_\_ Burying the Dead

3. Do you have any experience with the charitable functions you intend to perform with funds you are requesting? If so, please explain.

4. Funding requested: \_\_\_\_\_ The funds will be used over \_\_\_\_\_ (months)

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. Has SEAS supported this organization in the past? Y \_\_\_\_\_ N \_\_\_\_\_ If Yes:

a) When did we last provide support? \_\_\_\_\_

b) What was the amount provided? \_\_\_\_\_

8. Is the Ft. Wayne/South Bend Diocese familiar with your charitable efforts?

Y \_\_\_\_\_ N \_\_\_\_\_

9. I understand that if charitable funds are provided by SEAS, they will be used by me to perform the above noted function and not used to support another organization whose intentions are similar.

SIGNATURE \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only:

Amount Approved \_\_\_\_\_ Pastor Confirmation \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Manager Processed \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_