## **CATHOLIC RELIEF SERVICES**

**Diocese of Victoria in Texas** 

Application Deadline: December 7, 2025



Email to dvanelli@hfccvic.org
or mail to:
CRS/Rice Bowl Grant
Debbie Vanelli
704 Mallette Dr.
Victoria, Texas 77904

dvanelli@hfccvic.org

## **RICE BOWL GRANT APPLICATION**

Before completing the application below, please read the Criteria and Guidelines.

DATE://2025 A	AMOUNT OF GRANT REQUEST ( <b>maximum \$4,00</b> 0	U.). >
NAME OF PARISH OR ORGANIZATION:		
ADDRESS:	CITY/STATE	ZIP:
CONTACT PERSON:	POSITION/TITLE:	
DAYTIME PHONE:	EMAIL:	
WEBSITE ADDRESS (if one exists for you	ur organization or project):	
1 •	le):	
Address (if different from above):	CITY/ST/ZIP	
	ganizations, independent of your program, proje	
ew Applicants Only - List two persons or orgoing the information regarding your efforts.		ect, organization, who co
ew Applicants Only - List two persons or orgoing the information regarding your efforts.	rganizations, independent of your program, proje	ect, organization, who co
ew Applicants Only - List two persons or orgon to the information regarding your efforts.  Name:	rganizations, independent of your program, proje  2. Name: Daytime phone: ()	ect, organization, who co
ew Applicants Only - List two persons or orgone information regarding your efforts.  Name:  Daytime phone: ()  E-Mail Address:	rganizations, independent of your program, proje 2. Name: Daytime phone: ()	ect, organization, who co
ew Applicants Only - List two persons or orgone information regarding your efforts.  Name:  Daytime phone: ()  E-Mail Address:  ow did you hear about this grant?	rganizations, independent of your program, proje  2. Name:  Daytime phone: ()  E-Mail Address:	ect, organization, who co
wew Applicants Only - List two persons or orgove information regarding your efforts.  Name:  Daytime phone: ()  E-Mail Address:  ow did you hear about this grant?  ONLY Catholic pari	2. Name:	ect, organization, who co
wew Applicants Only - List two persons or orgove information regarding your efforts.  Name:  Daytime phone: ()  E-Mail Address:  ow did you hear about this grant?  ONLY Catholic pari  For applications made by a parish, the ap	2. Name:	ect, organization, who co
wew Applicants Only - List two persons or orgove information regarding your efforts.  Name:  Daytime phone: ()  E-Mail Address:  ow did you hear about this grant?  ONLY Catholic pari  For applications made by a parish, the applications made by a parish, the applications made approval of the grants.	2. Name:	ion.

NAME OF ORGANIZATION OR PARISH:		
PROGRAM DESCRIPTION: Please tell us	<ul><li>(1) your present services;</li><li>(2) number of volunteers and/or paid staff;</li><li>(3) approximately how many people you serve.</li></ul>	
Please feel free to attach additional information.		
What was your total program income last yea	ar? \$ How much of this was for food? \$	
What was your total <u>program</u> income, last year? \$ How much of this was for food? \$ What is your present source(s) of funding for FOOD ONLY? (i.e., Government, private donations, etc.)		
Describe how RICE BOWL funds would be used		
If your application is approved, the process for r	receiving the award check will be done in the following manner:	
	r parish, designated for the program, and mailed to the parish office. <i>A disbursement</i>	
ALL OTHER ORGANIZATIONS: The check will be made payable to an individual.	made payable to and mailed to the organization or its fiscal agent. Checks cannot be	