

St. Eugene Congregation, Fox Point, WI
2024 Charitable Contribution Application
Due Date: Friday, March 22, 2024

Organization Name: _____

Address: _____

Phone: _____ FAX: _____

Website: _____

Contact Person Name: _____

Contact Phone: _____ Contact Email: _____

Year established: _____ Organization's Fiscal Year: _____

Project/Program Title: _____

Amount of Money Requested: _____

Please attach a brief summary of the Project/Program, including key components of the project/program, intended outcomes, and strategies for completing them, in 200 or fewer words.

1. Describe how this program matches St. Eugene Congregation's Mission Statement and Funding Priorities.

Mission Statement: St. Eugene Congregation is a welcoming Catholic community, living in faith and serving God's people within the community and throughout the world.

St. Eugene Human Concerns Funding Priorities: Housing/Shelter/Hunger, Social Services, Disaster Relief, Health and Education, Summer Youth programs, Prison and Victim Ministry.

2. Identify specifically how the requested amount would be spent (e.g., supplies, travel, etc.). We do not fund salaries.
3. Please list any funding and/or support/donations received from St. Eugene Congregation or School during the past three years.

<u>Year</u>	<u>Dollar Amount</u>	<u>Project/Program</u>
2021	_____	_____
2022	_____	_____
2023	_____	_____

4. Please list whether any St. Eugene Congregation or School volunteers are currently active in your organization and in what ways they are active.

5. Has your governing board approved a policy that states that the organization does not discriminate as to age, race, religion, gender, or national origin? Yes _____ No _____

6. Project/Program Budget - Budget revenue & expenses should be for program/project's most recent fiscal year, which is Month _____ Year _____ to Month _____ Year _____

Fiscal Year Program/Project Revenue

Source of Funding	Committed Amount	Pending Amount

Total Project/Program Revenue _____

Fiscal Year Program/Project Expenses

Expense	Amount

Total Project/Program Expenses _____

If the project/program is part of a larger organization:

Name of Larger Organization _____
 Total Organization Income _____
 Total Organization Expenses _____

 Signature of Authorized Officer Title

Along with the application, please submit an electronic copy of your organization's IRS Federal tax exemption determination letter to St. Eugene Human Concerns Committee via email: **st.ehcon@stme.church**

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Please do not include any supplementary materials