

**2023 - ST. BRONISLAVA PARISH
NON-PROFIT OUTREACH GRANT APPLICATION**

Name of Non-profit Organization (Must be a 501C) _____

Date of Inception: _____

Mission Statement: _____

GRANT AMOUNT LIMIT IS \$400.00

Amount of Grant Request: _____ Number of people to be served by this Grant: _____

Please provide a concise summary of the purpose of your grant request on this page. Include a detailed description of the service to be provided to the community and the number of individuals to be served. Funds may not be used for office supplies, furniture, telephone or other administrative expenses. **IN ORDER FOR YOUR REQUEST TO BE CONSIDERED ALL INFORMATION MUST BE PROVIDED ON THIS FORM. NO EXTRA PAGES.**

APPLICATION MUST BE POSTMARKED BY May 13, 2023

Name and address of contact person: _____

Phone Number: _____

Email address: _____

Send application to: Social Concerns Committee
St. Bronislava Parish
P. O. Box 158
Plover, WI 54467-0158