**APPLICATION FOR GRANT FOR PEOPLE WITH DISABILITIES**

Name of Parish/Program or Institution:

Amount Requested:

Total Cost of Project/Program:

Other Sources of Income for Project/Program:

Monies Available to Parish/Institution from Investments (i.e. Diocesan Loan Account):

Outline as specifically as possible what monies will be used for:

What plans do you have for continuing to finance this project/program? (if applicable)

Person accountable for overseeing use of funds:

Any additional information that would enable us to determine the project's mobility would be helpful.

Date Name

Please forward application to: Grant for People with Disabilities

Sister Ellen Rose Coughlin, SSJ

PO Box 369

Ogdensburg, NY 13669 or electronically to

[ecoughlin@rcdony.org](mailto:ecoughlin@rcdony.org)

**DEADLINE: *May*** ***17, 2024***