



P.O. Box 3211
Milwaukee WI 53201-3211

414-273-6266 Telephone
414-278-6535 Fax
800-927-2547 Toll-Free
catholicfinanciallife.org

For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

MATCH FUND GRANT APPLICATION

Chapter number: _____ Name/Location: _____

If this is a multi-chapter activity, list all chapters involved and percentage of involvement (*for reporting purposes*):

GUIDELINES

1. A chapter is eligible to apply for a Match Fund Grant only if it has utilized or allocated its annual \$2,000 in matching funds to projects completed or planned in a given calendar year.
2. The fraternal department will review all applications submitted, and determine which activities will be awarded a Match Fund Grant, based upon meeting certain criteria and funds available.
3. A maximum of \$1,000 will be awarded to a chapter for a single activity sponsored by one chapter.
4. An application must be completed and sent to the fraternal department at least one month in advance of the event. A minimum of five Catholic Financial Life members must be involved in the event to qualify. The chapter secretary will be notified as to whether or not the project is approved. **Do not make a commitment of Match Funds until approval is received.**
5. Activities eligible for a Match Fund Grant may be any of the following:
 - **Emergency Response** — Addressing an unexpected need or tragedy. These activities may be co-sponsored with a group outside of Catholic Financial Life.
 - **Innovative Activity** — Something no chapter has done in the past. Chapter applying must be the lead sponsor of this activity.
 - **Unique Activity** — Something this chapter has not done in the past. Chapter applying must be the lead sponsor of this activity. Chapters may copy ideas for unique activities submitted by another chapter.
6. A chapter may submit a Match Fund Grant Application for the same type of activity in subsequent years, provided the recipient is different.
7. Chapters may collaborate on Match Fund Grant activities. One application should be submitted per activity, identifying all chapters to be considered for the grant and indicating their percentage of involvement in leading the activity (for reporting purposes).
8. A maximum of \$1,500 will be awarded for a multi-chapter activity, based upon funds available. One Match Fund check will be issued and sent to the secretary/treasurer of the chapter submitting the Match Fund Grant Application.

PROPOSED FUNDRAISER INFORMATION

Recipient/Check payable to: _____ City/Town: _____

Diocese (if recipient is a religious organization): _____

Proposed event date: _____

Indicate type of activity: ☐ Emergency Response ☐ Innovative Activity ☐ Unique Activity

Reason for fundraiser: _____

Describe the project — what the chapter(s) will do, who will do it, others assisting, etc.

COMMITTEE MEMBERS

Member name	Chapter number	Phone number
(Event chair) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Napkins: _____ Will be sent to secretary/treasurer of chapter submitting this application.
