

Catholic Relief Services
433 Jefferson Street
Oakland, CA 94607-3592



2022 CRS RICE BOWL GRANT APPLICATION

This application is to be completed by organizations and groups not affiliated with the Society of St. Vincent de Paul. If you have any questions, please contact the local CRS office at CRSRiceBowlEastBay@cceb.org or 510-768-3176.

Date: ____/____/____ AMOUNT OF GRANT REQUEST: \$_____

NAME of ORGANIZATION: _____

Are you a St. Vincent de Paul? _____ If so, what parish? _____

NAME of PROGRAM or PROJECT (if applicable): _____

ADDRESS: _____ CITY: _____ ZIP: _____

(Award letters will be sent to this address. If the contact person is a volunteer, feel free to use home address.)

CONTACT PERSON: _____ 2021 RICE BOWL GRANT AMOUNT (if applicable) _____

E-MAIL ADDRESS: _____ DAYTIME PHONE: (____) ____-_____

The following information is necessary for consideration of your request. Please respond to each question.

1. PROGRAM DESCRIPTION

An organizational brochure or report cannot be substituted for this description, but if your organization has a brochure with additional information, it is encouraged that you attach it.

a) What is the mission of your organization/group – describe what you are doing.

b) Please describe the population with whom you are working, including the economic and social characteristics of poverty in it.

c) Please check the appropriate boxes for the current services you provide.

- clothing
- food: groceries/food pantry groceries gift cards hot meals gift cards
- furniture
- home visits
- housing: rent/deposit assistance motel vouchers
- information and referral
- prayer
- special events: Thanksgiving meal Christmas meal Christmas gifts
- toiletries
- transportation: gas vouchers bus tickets
- utilities payment assistance: electricity gas water

- Please list and describe any services you provide that are not listed above, and elaborate, if you wish, on any of the services you checked here.

d) How many people (unduplicated) do you normally serve each year?

e) How many volunteers and/or paid staff do you have?

f) Please provide any other information you think would be helpful including if the COVID 19 Pandemic is currently having an impact on your organization—services, finances, staffing, etc.

2. FINANCIAL INFORMATION

Please fill out the following financial information fields. If you need assistance with filling out this section, please contact the CRS Diocesan Coordinator at (510) 768-3176 or mmckimmey@cceb.org.

INCOME	Fiscal 2021 (Actual)	Fiscal 2022 (Estimated)
Organization’s <u>Total Income (\$)</u> (not including in-kind donations)	\$	\$
<u>Percent (%)</u> of Income from Government Sources	%	%
Percent (%) of Income from Parish Collections	%	%
Percent (%) of Income from Individual Donations	%	%
Percent (%) of Income from Other Sources* (not including in-kind donations)	%	%

The total of the percentages above of your organization’s income should equal 100%.

*If put a percentage figure in the previous box, please describe the other sources of income your organization received: Not Applicable

IN-KIND DONATIONS (food and supplies)*

	Fiscal 2021 (Actual)	Fiscal 2022 (Estimated)
Estimated value of in-kind donations	\$	\$

*Please describe what in-kind donations you receive: Not Applicable

EXPENSES	Fiscal 2021 (Actual)	Fiscal 2022 (Estimated)
<u>Percent (%)</u> of expenses spent on food-insecurity related relief	%	%
<u>Percent (%)</u> of expenses spent on salaries	%	%

3. Do you expect cutbacks of any sort in the next 12 months? _____ If yes, please explain:

4. **How will Rice Bowl funds be used? Please be specific.** (If you are planning to use the grant to construct a vegetable garden, you must complete the vegetable garden addendum.)

5. **How will the Catholic Relief Services Rice Bowl program be highlighted or noted as a co-funder of this project?**

6. **How did your organization/parish hear about the Rice Bowl grants?**

7. **List two persons or organizations, independent of your program, which could provide information regarding your efforts.**

Name: _____

Name: _____

Daytime Phone: (____) _____ - _____

Daytime Phone: (____) _____ - _____

Email: _____

Email: _____

Signature of Applicant: _____ Date: ____/____/____

Name (Please print.): _____ Title: _____

For applications made by a Catholic parish or parish program, the signature of the pastor, or the appropriate parish staff person, is required on the application indicating his/her knowledge and approval of the grant application.

Parish: _____ Date: ____/____/____

Signature: _____ Printed Name: _____

DEADLINE: Delivered, Postmarked or E-Mailed by Monday, October 3rd, 2022

Please Mail To:
CRS Rice Bowl Grant
433 Jefferson Street
Oakland, CA 94607-3592

Please E-Mail To:
CRSRiceBowlEastBay@cceb.org