

**APPLICATION FOR FUNDING FROM THE DOMINICAN SOCIAL ACTION FUND**

Please type or print and answer all questions where applicable.

Project name: \_\_\_\_\_

Organization submitting proposal: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to project: \_\_\_\_\_

\*\*\*\*\*

Total amount of project: \$ \_\_\_\_\_ Funds requested from DSAF: \$ \_\_\_\_\_

Has this organization been funded by DSAF before? \_\_\_\_\_ If so, when? \_\_\_\_\_

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If funds are to be channeled through a different organization, please identify it:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

DSAF deadline for presentation of this proposal: \_\_\_\_\_

Date when this proposal was submitted to DSAF: \_\_\_\_\_

Date for which DSAF funds are requested: \_\_\_\_\_

**MAIL 5 COPIES OF PROPOSAL AND APPLICATION TO:**

**DOMINICAN SOCIAL ACTION FUND**

c/o Steve Kuhlmann, O.P.

535 W. State St.

West Lafayette, IN 47906-3592

**APPLICATION FOR FUNDING FROM THE  
DOMINICAN SOCIAL ACTION FUND -- CONTINUED**

A. Attach a narrative statement describing:

1. Intent, purpose and objectives of the proposed project
  2. A brief history of the organization submitting the proposal
    1. Its major programs and relationship to this project
    2. Is it a member of another social agency? Which?
    3. Name and address of its bank(s)
  3. How this project addresses the roots rather than the symptoms of the problem being addressed.
  4. Who is being served by the project?
  5. How are the people served by the program/project involved in its planning and implementation?
2. Attach to this application ONE copy of each of the following
1. Articles of incorporation
  2. A letter of recommendation for the project from a member of the Dominican Family (Dominican Family is a Dominican priest or brother, sister, or a member of the Dominican Laity. Please contact this office if you have difficulty finding a Dominican in your area)

If the organization submitting the proposal does not have any Articles of Incorporation, indicate date when they will be obtained and mailed to this office

If funds are to be channeled through a different organization, attach one copy of that Organization's articles of incorporation.

### FUNDING SOURCES FOR

3. The Organization:

|                                   | State | Federal | Local/City | Private Foundations | Donations | Program Income | Misc. Income |
|-----------------------------------|-------|---------|------------|---------------------|-----------|----------------|--------------|
| Funds received in past 5 years    |       |         |            |                     |           |                |              |
| Funds rec'd for current year      |       |         |            |                     |           |                |              |
| Funds applied for for coming year |       |         |            |                     |           |                |              |

4. The Project:

|                                   | State | Federal | Local/City | Private Foundations | Donations | Program Income | Misc. Income |
|-----------------------------------|-------|---------|------------|---------------------|-----------|----------------|--------------|
| Funds received in past 5 years    |       |         |            |                     |           |                |              |
| Funds rec'd for current year      |       |         |            |                     |           |                |              |
| Funds applied for for coming year |       |         |            |                     |           |                |              |



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| <p style="text-align: center;"><b>Income</b></p> | <p style="text-align: center;"><b>Total income for most recent year (or fraction) in which project operated:</b><br/>_____ to _____<br/>(date)                      (date)</p> | <p style="text-align: center;"><b>Total projected income for coming year (or fraction) in which project is to operate:</b><br/>_____ to _____<br/>(date)                      (date)</p> |
|--|--|--|
| DSAF Grant                                       |  |  |
| Government grants and subsidies                  |  |  |
| Other grants and subsidies (itemize)             |  |  |
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|  |  |  |
| Dues   |  |  |
| Fund Raisers                                     |  |  |
| Program Income                                   |  |  |
| Miscellaneous Income                             |  |  |
| TOTAL  |  |  |

