

Margaret O'Neil Grant Application Form

Applicant Information

1. Parish name: _____

2. Parish city/town: _____

3. Name of individual applying for grant: _____

4. Applicant e-mail: _____

5. Applicant phone number: _____

Project Information

6. Describe the project(s) for which you are seeking grant funds.

Include the project description, goals, implementation timeline, intended audience, and other relevant details.

7. What strategic partnerships, if any, are included in your plan?

Partnerships may include other parish ministries or committees, the broader community, or another organization.

8. Briefly describe the disability community your parish primarily serves.

9. How did you learn about the needs of your parishioners?

Funding Information

10. What is the total cost of this project?

11. What amount of funding are you requesting?

12. How does your parish plan to fund any remaining portion of the total project cost?

13. How much of the total project funding has already been obtained?

14. Specifically itemize how you intend to use the requested grant funds. You may add additional rows as needed.

Item or Expense	Description	Amount
Total		

15. Is there any other information you would like to share that was not previously covered?

Acknowledgements

Please review each statement below and select an answer to confirm that the application meets the funding criteria.

16. I have read and understood the grant application and the submission requirements as written in the grant information sheet.

☐ Yes ☐ No

17. I have permission from my pastor to apply for this grant.

☐ Yes ☐ No

18. My parish has an appointed parish advocate working on behalf of individuals with disabilities and their families that is approved by the Pastor and registered in the Office for Persons with Disabilities database.

☐ Yes ☐ No

19. My parish has a plan to fund any remaining project costs.

☐ Yes ☐ No

20. I understand that grant recipients must have a representative participate in the annual *Archdiocesan Mass Celebrating the Gifts of Persons with Disabilities* on March 7, 2027, when grant awards will be recognized and presented.

☐ Yes ☐ No

21. I recognize my parish's obligation to use grant funds in the spirit of this project. Failure to do so could result in forfeiture of the funding and disqualification of my parish from future grant consideration.

☐ Yes ☐ No

22. I have read and agree to all of the acknowledgements above.

Digital signature: _____

Printed name: _____

Title: _____

Date: _____

Transfer of Funds

If your parish is approved for a grant, an authorized parish representative must sign the Parish Grant Agreement form before a check can be issued. The check will be made payable to the parish and awarded during the *Archdiocesan Mass Celebrating the Gifts of Persons with Disabilities on March 7, 2027*. Please provide the following information for the person authorized to sign contracts on behalf of the parish.

23. Please provide the first and last name of the person who is authorized to sign the grant agreement: _____

24. Email Address to which the digital grant agreement should be sent:

25. Phone Number for the individual authorized to sign the grant agreement:

26. Parish Name

Enter the parish name exactly as it should appear on the check:

Note: If selected to receive a grant, the parish's authorized representative must submit a completed [W-9 form](#) for the parish and a signed Parish Grant Agreement to the Office for Persons with Disabilities. The Parish Grant Agreement will be provided upon notification of the award.