



WISCONSIN STATE COUNCIL KNIGHTS OF COLUMBUS RESPECT FOR LIFE – GRANT REQUEST FORM

DEADLINE: MUST BE POSTMARKED BY MAY 15 (Page 1 of 2)

NUMBER OF COPIES: PLEASE SUBMIT 15 COPIES

This form is to be used for grant requests by any organization that is working towards the culture of life. This comprehensive information will assist in the evaluation and expedite the processing of your request. You need not be a member of the Knights of Columbus or a Catholic organization to be considered for a grant from the Wisconsin State Council Respect for Life Fund. The Knights of Columbus are a devoutly Catholic organization in union with the Roman Pontiff. It is understood by the submitting organization that the Knights of Columbus can deny a grant for moral or subjective reasons. Please type or print below.

Name of Agency

Address

City, State, Zip

Contact Person

Telephone & E-Mail Address

Corporation ID#

Tax Status of Agency

Years in Existence

Single Agency or Branch

Amount requested

Date of Request

If granted, what is the intended use of these funds?

Please attach your most recent operating budget (or actual) that shows income and expenses

Please attach your most recent annual balance sheet that show assets and liabilities

Monetarily, how much local Knights of Columbus support did you receive last year?

Please provide Knights of Columbus contact and phone # or council name or number:

Main Function Performed by Agency

Mission Statement

Check All Services Provided:

X

Post abortion healing

Crisis pregnancy counseling

Unwed mothers support

Abstinence programs

Describe your Family outreach or other services provided:

Check All Services Provided:

X

Care of mothers and babies (food, shelter, education, etc.)

Safe Haven

Pro-Life Educational Outreach

Hospice

Check the geographic scope of your organization (National State Local Other _____)

What demographic do you primarily serve?

RESPECT FOR LIFE – GRANT REQUEST FORM (Page 2 of 2)

Please provide any appropriate statistical data or qualitative information that measures the effectiveness of your organization or its programs.

What is your organization doing to promote a culture of life?

What is your organization doing to prevent pregnancy outside of marriage?

How do you carry out your mission?

How many paid staff do you have? _____ Number of
volunteers? _____

In what way is your organization in line with Catholic Church teaching on the sanctity of life?

Please include any other relevant information not described above.

Signature

**RESPECT FOR LIFE COMMITTEE
WISCONSIN KNIGHTS OF COLUMBUS
4297 West Beltline Highway
Madison, WI 53711**

Title

Sharing and Usage Policy: We will never share, sell, or rent individual personal information with anyone without your advance permission or unless ordered by a court of law. Information submitted to us is only available to employees and volunteers managing this information for purposes of the Wisconsin Knights of Columbus Respect For Life Committee.

**Mail
completed
form to:**

PLEASE SUBMIT 15 COPIES of this form and all attachments