



# 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 7 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
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Contact Person	Telephone & E-Mail Address
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Corporation ID#	Tax Status of Agency
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Years in Existence	Single Agency or Branch
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Amount requested	Date of Request
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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 or council name or number:

Main Function Performed by Agency	Mission Statement
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	<i>Circle those that apply</i>	<b>X</b>		<i>Circle those that apply</i>	<b>X</b>
	Post abortion healing	<input type="checkbox"/>		Care of mothers and babies (food, shelter, education, etc.)	<input type="checkbox"/>
	Crisis pregnancy counseling	<input type="checkbox"/>		Safe Haven	<input type="checkbox"/>
	Unwed mothers support	<input type="checkbox"/>		Pro-Life Educational Outreach	<input type="checkbox"/>
	Abstinence programs	<input type="checkbox"/>		Hospice	<input type="checkbox"/>
Describe your Family outreach or other services provided:					

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

What demographic do you primarily serve?

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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**

**Mail  
completed  
form to:**

**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.

PLEASE SUBMIT 7 COPIES of this form and all attachments