



Matthew 25 Grant Application

Diocese of Harrisburg

Office of Stewardship & Development

4800 Union Deposit Road

Harrisburg, PA 17111-3710

(717) 657-4804

www.hbgdiocese.org/m25

Grant Criteria

The Diocese of Harrisburg's Matthew 25 Collection makes grants available annually to organizations that provide food, clothing, and shelter. Grants are available to parish and pastor supported initiatives.

All applicants are *required to use this grant application* without alteration or application will be returned. Applications that are incomplete may not be considered for funding.

All applicants are *required to provide* its organization's Income Statement and Balance Sheet to the level of detail as shown in the attached samples (pages 2 and 3), if possible. Any questions regarding this requirement should be directed to the Grant Review Committee at development@hbgdiocese.org.

All applicants are required to attach proof of the organization's 501(c)(3) status on its application.

Grant Program

Who qualifies for funding? Applicants must be located within the 15 counties of the Diocese of Harrisburg, its mission is in accordance with the teachings of the Catholic Church, is an approved 501(c)(3), and funding will be utilized specifically for food, clothing, or shelter. Applications must clearly define how the grant funding would be utilized by the organization.

What is not funded? This collection does not fund salaries, building construction costs or other purposes not related to the primary needs of food, clothing and shelter.

All Matthew 25 Grant Applications require a pastor's signature and endorsement on parish letterhead supporting the applicant's organization. There are additional questions that must be answered by the pastor. Please see section 17.

The maximum grant request for each organization is \$12,000. Organizations may only submit one application per grant year. Please mail the application to Catholic Diocese of Harrisburg, Office of Stewardship & Development, Matthew 25 Grant Application, 4800 Union Deposit Road, Harrisburg, PA 17111-3710.

The Grant Application for 2022 funding can be found on the Diocese of Harrisburg's website www.hbgdiocese.org or the direct link, www.hbgdiocese.org/m25 or at your local parish.

Grant Applications are accepted **January 1 through February 29**. If the deadline falls on Saturday, the grant application is due the Friday prior, if the deadline falls on Sunday, the application is due the Monday after.



The Application for Matthew 25 Funding has changed. Please read the application carefully.

1. Name of Sponsoring Parish and Address (Required field):

Name: _____

Street: _____

City, State, Zip: _____

2. Pastor's Name (Required field): _____

3. Organization Name (Required field): _____

4. Organization Full Address (Required field):

Name: _____

Street: _____

City, State, Zip: _____

5. Organization Website Address (Required field): _____

6. Organization Contact Name, Phone Number and Year Established: (Required field):

Name: _____

Phone Number: _____

Year Established: _____

Email address: _____

7. Organization Fiscal Agent, Full Address and Email Address: (Required field):

Name: _____

Full Address: _____

Email address: _____

**8. What is the Primary Issue to be Addressed (Required field):
(check one)**

◇ Food ◇ Clothing ◇ Shelter



9. Amount of Grant Requested (Maximum Grant Request \$12,000) (Required field):
\$ _____

10. Give brief description of the organization (Required field):
(Use no more than 125 words typed)

A. History:

B. Population Served:

C. Statistics:

D. Sustainability:

11. Please indicate the following:

_____ # of full time paid employees _____ # of part time paid employees

_____ # of volunteers _____ # of volunteer hours per week

_____ # of volunteer hours per month

12. Help us understand the structure of your organization.

A. Do you have a board? _____

B. How many are voting members? _____

C. Who is the board chair? _____



13. Please describe in detail how your organization will use the funding requested.

Required field- please submit as an attachment

14. A. Provide actual prior year income statement with budget and balance sheet (refer to sample Income Statement and Balance Sheet. This is the level of detail expected).

Required field – please submit as an attachment

B. Provide your current year to date Income Statement with budget and Balance Sheet (refer to sample Income Statement and Balance Sheet).

Required field- please submit as an attachment

Financial Statements include:

- A. Income Statement includes 12 months of revenue and expenses, budget and variance to budget (See Attached examples)
- B. Balance Sheet as of the last day of the fiscal year.
(See Attached examples)

Please do not submit any tax documents such as 1040's. Only the requested Income Statements and Balance Sheet are required.

Examples:

If your Fiscal year ending is 6/30/20 you should include an Income Statement for the 12 months ending 6/30/20 and Balance Sheet as of 6/30/20 and an Income Statement for the 6 months ending 12/31/20 and Balance Sheet as of 12/31/20.

If your Fiscal year ends 12/31/20 you should include an Income Statement for the 12 months ending 12/31/20 and Balance Sheet as of 12/31/20 and a prior year Income Statement for the 12 months ending 12/31/19 and a Balance Sheet as of 12/31/19.

15. If you received a Matthew 25 grant last year, please explain how the funds were utilized. (Required field)



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16. Please include a statement from a recipient who has benefitted from the work your organization does. *The statement should be no longer than 250 words and can be submitted as an attachment to the application.*

17. Pastors should also submit the supporting document regarding the organization that is seeking their endorsement. Please see the last page of the application. *Answers can be submitted as an attachment to the application. If it is sent separately, please be sure to include the name of the organization seeking support and the name of the parish and city so that that application is complete.*

Date Submitted *(Required field):* _____

Name, title, email address & telephone number of person preparing application *(Required field):*

Name: _____

Title: _____

Email Address: _____

Telephone Number: _____

Pastor's Signature *(Required field):* _____

**Thank you for completing the Matthew 25 Grant Application.
Notification will be sent to every organization that
has submitted an application by the close of June.**



Income Statement			
ORGANIZATION NAME	FISCAL YEAR ENDING	FISCAL YEAR END BUDGET	Variance to budget
	00/00/0000	00/00/0000	
	Amount		
Public Support and Revenue	\$0.00	\$0.00	
Contributions and Donations	\$0.00	\$0.00	
Special Events – Net	\$0.00	\$0.00	
Matthew 25 Grant	\$0.00	\$0.00	
Other Grants and Foundations	\$0.00	\$0.00	
Interest and Dividends (Net)	\$0.00	\$0.00	
Membership Dues	\$0.00	\$0.00	
Program Service Fees	\$0.00	\$0.00	
Other Revenue	\$0.00	\$0.00	
TOTAL REVENUE	\$0.00	\$0.00	
	\$0.00	\$0.00	
	Budget	Variance to Budget	
Expenses and Losses Actual to Budget	\$0.00	\$0.00	
Salaries and Wages	\$0.00	\$0.00	
Employer Taxes and Benefits	\$0.00	\$0.00	
Program Services (add detail below)	\$0.00	\$0.00	
Fundraising	\$0.00	\$0.00	
Management and General	\$0.00	\$0.00	
TOTAL EXPENSES	\$0.00	\$0.00	
	\$0.00	\$0.00	
	Budget	Variance to Budget	
OPERATING PROFIT OR LOSS	\$0.00	\$0.00	
	\$0.00	\$0.00	
	Budget	Variance to Budget	
Realized Gain on Sale of Investments	\$0.00	\$0.00	
Unrealized Gain on Investments	\$0.00	\$0.00	
Other	\$0.00	\$0.00	
TOTAL NON-OPERATING ACTIVITIES	\$0.00	\$0.00	



Balance Sheet Sample	
ORGANIZATION NAME	FISCAL YEAR ENDING
	00/00/0000
Investments	\$0.00
Accounts Receivable	\$0.00
Prepaid Expenses	\$0.00
Other Current Assets	\$0.00
TOTAL CURRENT ASSETS	\$0.00
Other Long Term Assets	\$0.00
TOTAL OTHER ASSETS	\$0.00
Temporarily Restricted	\$0.00
Permanently Restricted	\$0.00
TOTAL NET ASSETS	\$0.00
TOTAL ASSETS	\$0.00
LIABILITIES AND NET	\$0.00
<i>Current Liabilities</i>	\$0.00
Accounts Payable	\$0.00
Accrued Expenses	\$0.00
Deferred Income	\$0.00
Other Current Liabilities	\$0.00
TOTAL CURRENT LIABILITIES	\$0.00
<i>Long-Term Liabilities</i>	\$0.00
Notes Payable	\$0.00
Other Long Term Liabilities	\$0.00
TOTAL LONG-TERM LIABILITIES	\$0.00
TOTAL LIABILITIES	\$0.00
TOTAL LIABILITIES AND NET ASSETS	\$0.00



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Supplemental Pastor Questions

Name of Parish: _____

Address of Parish: _____

Name of Pastor: _____

Organization requesting support: _____

Please complete questions to the best of your ability:

1. What is the extent of your involvement with this organization?

2. What, in your opinion, is the contribution that this organization brings to your community?

3. Does this organization follow the basic Christian beliefs that we follow as Catholics?

4. Have you visited this ministry? If so, what was your impression?

5. Do you know of any other local organizations who support this ministry? If so, can you list some of them and their involvement?

6. Additional comments that you'd like to provide?

Pastor signature

Date