Local Rice Bowl 2019
Pray, Fast, Learn, Give

Grant Application

In order to distribute the 25% retained locally each year from the Lenten Rice Bowl collection, a grant application process has been prepared for use in the Diocese of Saint Cloud. Please forward this information to parish or community groups sponsoring programs that address hunger issues in our communities.

Once again during Lent 2019 our diocese will participate in Catholic Relief Services’ Rice Bowl program. Rice Bowl has always emphasized the traditional Lenten disciplines of fasting, prayer and almsgiving. We rejoice that our efforts allow our diocese to assist those who hunger and thirst for nourishment of body and soul in their everyday lives. May our spiritual fulfillment consist of our attentive prayer and action for justice in all parts of our world, on behalf of all people who struggle daily for justice and peace.

FOR MORE INFORMATION

Contact:
Elizabeth Neville
St. Cloud Mission Office
11 8th Avenue South
St. Cloud, MN 56301
Phone: 320-251-1100
E-mail:enmission@cloudnet.com
2019 LOCAL RICE BOWL GRANT APPLICATION - Guidelines

Rice Bowl is sponsored and supported by the Mission Office of the Diocese of St. Cloud and Catholic Relief Services. This Lenten program is conducted in Catholic parishes throughout the entire diocese. 75% of the funds raised are used for international relief and development projects and 25% are distributed within the diocese for food programs and root-cause-of-poverty hunger relief efforts.

1. A majority of Local Rice Bowl funds for distribution in the Diocese will be allocated to programs that directly address hunger. Additionally some funds will be available for programs, projects or organizations that respond to the root causes of hunger, “one step removed” from direct assistance, i.e. projects dealing with economic development, anti-hunger advocacy and organizing, farm policies, etc.

2. Programs, projects, or organizations to be considered for Local Rice Bowl funds will be local community based groups and not individuals.

3. Grants are made on an annual basis and do not imply subsequent years of funding. Grants are given on a first come basis as funds are limited and will begin being distributed after Lent each year.

4. Those programs, projects, or organizations that receive Local Rice Bowl funds will be asked to submit a simple written report prior to receiving possible funding the following year, which explains the use of the grant and the number of persons served.

5. Applications for funds shall be from organizations within the Diocese of St. Cloud, however exceptions may be considered.

6. No proposal that excludes on the basis of race, color, gender, religion, national origin, or sexual orientation can be considered.

7. For applications made by a Catholic parish or parish program, the signature of a pastor, parish life coordinator or parish administrator is required on the application indicating his/her knowledge and approval of the grant application.

8. In order to increase participation in the Rice Bowl program, all grantees are requested to acknowledge in some public forum (e.g. parish bulletin) the grant from Catholic Relief Services’ Rice Bowl and the St. Cloud Mission Office.

If you have questions or need additional information about the application process, please call the Mission Office @ 320-251-1100 or e-mail enmission@cloudnet.com
DIOCESE OF ST. CLOUD
LOCAL RICE BOWL GRANT APPLICATION
2019

MAIL TO:
LOCAL RICE BOWL GRANT
St. Cloud Mission Office
11 - 8th Avenue South
St. Cloud MN 56301

DATE: _____/_____/____ AMOUNT OF GRANT REQUEST: $__________________

*NAME OF ORGANIZATION or PARISH:
________________________________________________________________________

Name of Program or Project (if applicable)
________________________________________________________________________

ADDRESS ________________________________________________________________

CITY ___________________________ ZIP ___________

DEANERY _______________________

CONTACT PERSON ________________ DAYTIME PHONE _______________________

CONTACT EMAIL __________________ ALTERNATIVE PHONE __________________

PROGRAM DESCRIPTION: (1) what you are doing; (2) targeted population; (3) services you provide; (4) number of people served each year; (5) other helpful information.

*If possible use only the space on this form. We will request additional information if needed.*

APPLICATION CONTINUES ON SECOND PAGE
What was your program income in dollars (excluding in-kind donations) last year: $___________
What is your estimated annual value of “in-kind” contributions (food)? $______________
What is your present source of funding?

<table>
<thead>
<tr>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal:</td>
<td>$<em><strong><strong><strong><strong>/</strong></strong></strong></strong></em> %</td>
</tr>
<tr>
<td>State:</td>
<td>$<em><strong><strong><strong><strong>/</strong></strong></strong></strong></em> %</td>
</tr>
<tr>
<td>Grants:</td>
<td>$<em><strong><strong><strong><strong>/</strong></strong></strong></strong></em> %</td>
</tr>
<tr>
<td>Local Rice Bowl Grant:</td>
<td>$<em><strong><strong><strong><strong>/</strong></strong></strong></strong></em> %</td>
</tr>
<tr>
<td>Individuals:</td>
<td>$<em><strong><strong><strong><strong>/</strong></strong></strong></strong></em> %</td>
</tr>
<tr>
<td>Other:</td>
<td>$<em><strong><strong><strong><strong>/</strong></strong></strong></strong></em> %</td>
</tr>
</tbody>
</table>

Describe “other”

____________________________________________________________________________

How will LOCAL RICE BOWL funds be used?
____________________________________________________________________________

How will Catholic Relief Services’ Rice Bowl and St. Cloud Mission Office be highlighted/noted as a (co)funder of this project/program?
____________________________________________________________________________

List an organization or person, independent of your program, who could give information regarding your efforts.
Name __________________________ Daytime Phone (____________________)

Signature of Applicant
Date _______ / _______ / _______

Name (Please print)
________________________________________ Title __________________________

**If accepted to whom/organization should check be made payable to:

________________________________________

*For applications made by a Catholic parish or parish program, the signature of a pastor, parish life coordinator or parish administrator is required thus indicating his/her knowledge and approval of the grant application.

Parish____________________________ Pastor __________________________

Signature_________________________ Date _______ / _______ / _______