|  |
| --- |
| If funding is approved, you will need to promptly provide the following documents:* Original invoice
* W-9
 |

**Name of Client:** Click here to enter text. **Date of Nomination:** Click here to enter text.

**How long has the person been a client of Catholic Charities?** Click here to enter text.

**Name and title of person making the nomination:** Click here to enter text.

**Regional Office / Location:** Click here to enter text.

**What services are the client engaged in?** Click here to enter text.

**Who are the adults in the household?** Click here to enter text.

**How many children are there and what are their ages?** Click here to enter text.

**Briefly describe the client’s challenges / needs *(as it pertains to this grant)*:**

Click here to enter text.

**Briefly describe the client’s opportunities and strengths**: Click here to enter text.

**Amount of grant requested:**

Purpose $ Amount Check Payable to:

Click here to enter text. Click here to enter text. Click here to enter text.

Would you like the check to be: Mailed \_\_\_\_\_ or Picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail check to: Click here to enter text.

**If the client has received earlier grants from the Kathleen Walsh Charitable Fund, please list the amounts and dates for those grants:**

*Click here to enter text.*

**Describe how a grant would improve this person’s employment, education and/or housing?**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Regional Director Signature of Staff Requesting Funding (If different from Regional Director)**

**------------------------------------------------------------------------------------------------------------------------------------------**

**To Be Filled Out by the Administrative Office in Raleigh**

**Application approved: Yes \_\_\_\_ No \_\_\_\_** *(if approved, checks are mailed or picked up by designated person above)*

**Name and title of person approving application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature & Date of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A confirmation email has been sent to the regional director and staff: Yes \_\_\_\_\_ No \_\_\_\_**