

Contact Person: Nancy Ashcraft, Parish Secretary, (989) 790-5086

## **St. John Vianney Tithing Allocation Committee**

*“The mission of the St. John Vianney Tithing Allocation Committee is to provide stewardship of parish funds for service, charity and advocacy groups and organizations. The committee will seek and review proposals from organizations and make recommendations for funding consistent with the St. John Vianney mission and Christian responsibility for all peoples. Proposed funding will promote Christian values and provide for the needs of the poor.”*

---

### General Funding Information

---

Attached is an Application for Funding to be considered by the St. John Vianney Tithing Allocation Committee. Please answer all questions. Funding consideration will be based upon how the request meets the above-stated mission.

**Please return the application to:**

SJV Tithing Allocation Committee  
6400 McCarty Rd  
Saginaw MI 48603

**The deadline to return the application is May 30, 2025**

# St. John Vianney Parish

Tithing Allocation  
Committee 2024-2025  
Fiscal Year

---

## APPLICATION FOR FUNDING

---

**Deadline for Filing: May 30, 2025**

Return applications to: SJV Tithing Allocation Committee  
6400 McCarty Rd  
Saginaw MI 48603

All questions are to be referred to the Parish Office, 989-790-5086

**There will be no consideration for funding if the current and projected budget, use of grant and income information is not complete.**

Name of Organization: \_\_\_\_\_

Contact for Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Non-Profit Tax ID#: \_\_\_\_\_

Total Organization Budget: \$\_\_\_\_\_ Funds Requested: \$\_\_\_\_\_

What % of funds received will be used as direct benefit to clients? \_\_\_\_\_

---

List all major sources of income and grant received for the past year including foundations:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**STATEMENT OR PROVIDE THE BELOW STATED  
INFORMATION. USE EXTRA SHEETS IF NECESSARY.**

| <b>INCOME</b>            | Current operating budget for<br>Fiscal year _____ to _____ | <b>Projected operating budget<br/>For coming fiscal year<br/>_____ to _____</b> |
|--------------------------|--|---|
| United Way               |  |   |
| Catholic Services Appeal |  |   |
| Foundation Grants        |  |   |
| Donations                |  |   |
| State Grants             |  |   |
| Federal Grants           |  |   |
| Program Income           |  |   |
| St. John Vianney Grant   |  |   |
| Miscellaneous            |  |   |
| <b>Total Income</b>      |  |   |

| <b>Expenses</b>                                  | Current operating budget for<br>Fiscal year _____ to _____ | <b>Projected operating budget<br/>for coming fiscal year<br/>_____ to _____</b> |
|--|--|---|
| Personnel Salaries                               |  |   |
| Number of employees                              |  |   |
| Office Expenses                                  |  |   |
| Travel Expenses                                  |  |   |
| Rent/Utility Expenses                            |  |   |
| Program Expenses<br>(Insurance, materials, etc.) |  |   |
| Contractual Services<br>Exp.                     |  |   |
| Other Expenses (itemize)                         |  |   |
| a.   |  |   |
| b.   |  |   |
| c.   |  |   |
| <b>Total Expenses</b>                            |  |   |

A. Please enclose a copy of your mission statement:

B. Give a brief description of how the grant will be used:

---

---

---

---

---

---

C. Describe the type of individual who will directly benefit if the project is completed. (economic status, rural/urban, male/female, etc.)

---

---

---

---

---

---

D. Give a brief history of the organization submitting the proposal.

---

---

---

---

---

---

E. If money has been allocated to you in the past year, please indicate how the funds were utilized.

---

---

---

---

---

---