

SOH Request Form for Social Justice Funds

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Name of Organization: _____

Amount Requested: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Contact Person: _____

Does this organization have 501(c)(3) or 501 (c) (6) status? Yes ____ No ____

Please explain how this individual/organization furthers the charitable or social justice mission of Spirit of Hope Catholic Community.

What impact will our donation have on the individual/organization?

How will outcomes be measured and progress reported to Spirit of Hope?

For Committee use only

Date Application Received _____ Date Decision Made _____

Decision _____ Amount _____

Date Notification sent to applicant _____