



TODAY'S DATE

04/10/2026

INDICATE THE GRANT YOU ARE APPLYING FOR (you may only apply for one grant).

<input type="checkbox"/>	Ministry Grant <i>Will be awarded to nonprofit ministries that are aligned with SNJM values. Ministry Grants provide funding of up to \$5,000.</i>
<input checked="" type="checkbox"/>	Immigrant and Refugee Fund Grant (IRF) <i>Will be awarded to nonprofit ministries that are aligned with the SNJM Values and the Corporate Stand on Migrants and Refugees. The SNJM Immigrant and Refugee Fund provide grants in amounts ranging from \$5,000 to \$25,000.</i>

GRANT APPLICANT

SNJM Sister or Associate Sponsor

Email Address

S. Linda Patrick, SNJM | grants@snjmuson.org

Nonprofit Benefitting Organization

Tax ID #

Sample Grant Organization | 12-3456789

Benefitting Organization's Address, City, State, Zip

SNJM, PO Box 398, Marylhurst, OR 97036

Telephone

Website

503-675-7125 | https://snjmusontario.org

Organization Contact

Title

Carolyn Trumble | Executive Assistant

Organization Contact Telephone

Organization Contact Email

503-675-7125 | grants@snjmuson.org

Title of Project

Grant Amount Requested

Sample Project | \$10,000

If funded make check payable to

SNJM

If funded send check to (include name of person and mailing address)

Carolyn Trumble
PO Box 398
Marylhurst, OR 97036



Brief description of Sister/Associate Sponsor relationship to the project

Explain how the SNJM Sister or Associate Sponsor is connected and involved in the organization and project. A few sentences is fine. i.e. Sister Linda serves meals on Friday night to the immigrants who gather at the center.

GRANT PROJECT

1. Briefly describe the benefiting organization, including mission and capacity to undertake the project. (2-5 sentences)

Provide a response to assist the committee's evaluation.

2. Brief description of project? (2-3 sentences)

Provide a response to assist the committee's evaluation.

3. How does this project relate to the SNJM charism and grant criteria? (2-3 sentences)

Provide a response to assist the committee's evaluation.

4. Brief description of the population to be served. (2-3 sentences)

Provide a response to assist the committee's evaluation.



GRANT BUDGET

5. Is the benefiting organization a 501(c)(3) Yes No

6. Organization's annual operating budget 7. SNJM grant amount requested

\$100,000	\$10,000
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8. Please provide an itemized budget for all anticipated project expenses, including total estimated expenses. Indicate which expenses are requested from this grant. If total project costs exceed the grant limit, include the full project budget and any additional funding sources.

Project Expense Budget (If you need to add lines, click on the + on bottom left side of the table)

Budget Category (i.e. Personnel, Supplies, Materials, Products, etc.)	Estimated Expenses	Amount Requested from This Grant	Other Funding Sources (if applicable)
Food for community meals	\$20,000	\$6,000	Oregon Food Bank
Supplies, i.e. napkins, plates, silverware, etc.	\$ 2,000	\$2,000	n/a
Volunteer Coordinator's yearly salary	\$35,000	\$2,000	Appeals and donations to center.
Utilities	\$12,000		XYZ Foundation
Rent	\$20,000		Parish Donation
Total project expense	\$89,000	\$10,000	

9. Please provide the income sources that will fund this project. Specify the amount contributed by each revenue source and indicate the share (%) of total project revenue provided by this income source. Include the status of the income source.

Project Revenue Budget

(To calculate the percentage, divide the amount by the total project revenue and multiply by 100)

Income Source (list the revenue sources that will fund this project)	Amount (\$) (specify the amount contributed by each revenue source)	% of Total Project Budget (Indicate the share (%) of total project revenue provided by this income source)	Status (indicate the current status of income source: Estimated, Received, Pledged, Requested)
SNJM Grant	\$10,000	11.24%	Requested
Appeals and donations	\$33,000	37.08%	Estimated
XYZ Foundation	\$12,000	13.48%	Received
Parish Donation	\$ 20,000	22.47%	Pledged
Oregon Food Bank	\$14,000	15.73%	Estimated
Total Project Revenue	\$89,000	100%	



ADDITIONAL INFORMATION NEEDED FOR IRF GRANT APPLICATIONS (if you are applying for a **Ministry Grant** you do not need to answer these questions).

Attach a separate sheet for the **IRF Grant** answering the questions below (maximum of five paragraphs, one page).

1. **Expand on the proposed project description from question 2**, clearly identifying the need or problem it addresses, the population or community served, the anticipated community impact, and the key activities and strategies that will be implemented to achieve the project’s goals.
2. **Identify the specific, measurable outcomes** the project is designed to achieve, and describe the milestones, benchmarks, or indicators that will be used to assess progress, effectiveness, and overall success.
3. **Describe the plan for long-term sustainability**, including how the project’s outcomes, activities, or benefits will be maintained beyond the grant period.

Applicant Statement: If awarded this grant, we commit to using the funds as described in this application and to submitting all required project reports.

Name

Signature

Date

Email the application and attachments by **May 28, 2026**, to SNJM Province Leadership Office at grants@snjmuson.org.