

**DIOCESE OF LA CROSSE BISHOP'S EDUCATION ENDOWMENT TRUST  
2020-2021 GRANT APPLICATION**

**PLEASE READ THE GRANT APPLICATION GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM -PLEASE TYPE**

1. Project Title:

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Parish/Deanery/School/K-8 System:

Deanery:

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City:

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2. To which area do you wish this proposal to be directed? (Check only one.)

Adult

Youth

Schools

If submitting more than one application, assign each a priority. (Check only one.)

First

Second

3. Give a brief description of the project. (**Additional material beyond the space provided will not be considered.**)

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4. Who will receive immediate educational benefit from this grant?

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5. Indicate the proposed starting and ending dates of the project. (Projects cannot begin before May 1, 2020 and are to be completed June 30, 2021)

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6. Identify the major goals of this project.

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7. Is this a one-time project or long term? If long term, how will this project be carried on if funding is not provided by the Diocese next year?

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8. If the purpose of this proposal is to send a person or persons to a program, in-service, non-credit class, etc., rather than to fund the program itself, describe his/her present or past apostolate in the parish/deanery/school, and what expectations there are for ongoing ministry from the individual(s) to work in that area.

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9. Detail the total cost of this project LINE BY LINE (**please do not include the cost of food**).


Total Cost: \_\_\_\_\_

**10. Grant Amount Requested:** \_\_\_\_\_

11. If the full grant request is not received, are you able to fund the remaining portion of the project, or could the project modified based on a lesser funding amount?

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12. Has this project received funding from BEET before? (Check only one.)       Yes       No

13. This is a project of which institution (deanery, parish, or school) of the Diocese? (Materials, supplies and equipment purchased with BEET funds become the property of the diocesan institution.)

Institution: \_\_\_\_\_

City: \_\_\_\_\_

14. Signatures.

\_\_\_\_\_  
Grant Coordinator (required)

\_\_\_\_\_  
Pastor/Dean (required)

\_\_\_\_\_  
President (if in Unified System)

\_\_\_\_\_  
Grant Coordinator (Print)

\_\_\_\_\_  
Pastor/Dean (Print)

\_\_\_\_\_  
President (Print)

\_\_\_\_\_  
Grant Coordinator Address

\_\_\_\_\_  
Coordinator City & Zip Grant

\_\_\_\_\_  
Grant Coordinator Phone

Date: \_\_\_\_\_

\* Grant Coordinator E-mail (REQUIRED)

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PLEASE READ THE GRANT APPLICATION GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM -PLEASE TYPE  
SUBMIT THE COMPLETED APPLICATION TO THE DIOCESE OF LA CROSSE BY EMAIL  
[DJERECZEK@DIOLC.ORG](mailto:DJERECZEK@DIOLC.ORG) / FAX 608.788.7709 / OR MAIL - ATTN: DARLA JERECZEK, PO BOX 4004, LA CROSSE,  
WI 54602-4004

**BY FRIDAY, FEBRUARY 7, 2020**

PLEASE DO NOT SUBMIT THE APPLICATION FORM MORE THAN ONCE