

# Diocese of Charleston

## Emergency Assistance Fund

### Contact Information

Date of Application	
Parish or School Name	
Pastor	
Principal	
Street Address	
City, State, Zip Code	
Phone Number	
E-Mail Address	
Parish Contact	

### Details of Grant Request

**AMOUNT REQUESTED:** \$ \_\_\_\_\_

**REASON FOR REQUEST:**

- Parish or School Special/Emergency Need
- Parish or School Maintenance/Utility Need

Total cost of project/repair: \$ \_\_\_\_\_ Estimated start date: \_\_\_\_\_

*\* All applications must include estimates for proposed work or application will be denied\**

**PARISH/SCHOOL FINANCIAL INFORMATION:**

- Checking account balance: \$ \_\_\_\_\_
- Savings account balance: \$ \_\_\_\_\_
- Maintenance/building fund balance: \$ \_\_\_\_\_
- Funds on hand earmarked for this project \$ \_\_\_\_\_

Please provide a short description of the needs for which this request is made:

### To Be Completed By Diocesan Staff

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

Date of Determination: \_\_\_\_\_

Date Pastor/Principal Notified: \_\_\_\_\_