

**DIOCESE OF TOLEDO AND THE MIDWEST
MISSION ENDOWMENT FUND
REQUEST FOR FINANCIAL ASSISTANCE**

MISSION NAME: _____

ADDRESS: _____

CITY : _____ STATE: _____ ZIP: _____

NUMBER OF PARISHIONERS: _____

AVERAGE SUNDAY ATTENDANCE: _____

DATE MISSION WAS FOUNDED: _____

ANNUAL OPERATING BUDGET (GROSS): _____

PERCENT OF BUDGET FROM PLEDGES AND DONATIONS: _____

PERCENT OF BUDGET FROM FUNDRAISERS: _____

PERCENT OF BUDGET FROM SPECIAL GRANTS OR GIFTS: _____

LIST THE FOUR LARGEST EXPENSES FOR THIS YEAR AND THEIR
RESPECTIVE PERCENT OF YOUR BUDGET:

1. _____

2. _____

3. _____

4. _____

WE REQUEST FINANCIAL ASSISTANCE IN THE AMOUNT OF
_____. THIS MONEY WILL BE USED FOR _____

WE HAVE RECEIVED _____ IN ASSISTANCE IN THE PAST
_____ YEARS.

IN ADDITION WE HAVE NEED OF THE FOLLOWING ITEMS IN THE
EVENT THAT THEY MAY BE AVAILABE: _____

THIS REQUEST HAS BEEN APPROVED BY THE MISSION COUNCIL AND
IS SUBMITTED AND SIGNED BY:

MISSION PRIEST: _____.

COUNCIL CHAIRMAN: _____.

DATED: _____.

PLEASE ATTACH A COPY OF YOUR PROPOSED BUDGET.

PLEASE MAIL THIS APPLICATION TO BISHOP MARK OR FR. STEVEN
SALARIS.