



www.thekochfoundation.org

4421 N.W. 39th Ave.

Bldg. 1, Ste. 1

Gainesville, FL 32606

(352) 373-7491

Instructions for Completing the Online Grant Application

- **Incomplete applications will not be processed**
- **DO NOT** recreate this application or *bind it with staples, rings, rivets, string or any other means*
- **Responses must be on the application form unless otherwise specified**
- **Organizations with overdue evaluations will not be considered**
- **All budgets MUST be given in UNITED STATES DOLLARS and ENGLISH**
- **Individual pages CANNOT be saved. You must complete the entire application all at once**
- **ALL support documents and correspondence MUST include the Application Number**
- **You can attach requested documents throughout the application using the provided fields**

Questions regarding the application can be sent to staff@thekochfoundation.org or execassistant@thekochfoundation.org

Page 1 **DO NOT RECREATE THIS PAGE**

Provide the legal name, postal address, city, state/province, country, zip/postal code, and valid email of the applying organization as recognized by your diocese. If your organization has a web site, please provide the URL. Use the line above each field to type your responses.

A template for a grant application form. It features the Koch Foundation Inc. logo and contact information at the top left. The top right corner displays "GRANT APPLICATION # 5420". The main body of the form is a large rectangle with four horizontal lines for text entry, each preceded by a label: "Legal Name of Organization", "Mailing Address", "City, State, Country, Zip Code", and "Email address". At the bottom, there is a line of small text: "Instructions for completing this grant application are enclosed. If the application does not contain all the information stated below, it will be considered for..."

KOCH
Foundation Inc.

4421 NW 39th Avenue
Building 1, Suite 1
Gainesville, Florida 32606
(352) 373-7491
www.thekochfoundation.org

GRANT APPLICATION
5420

Legal Name of Organization

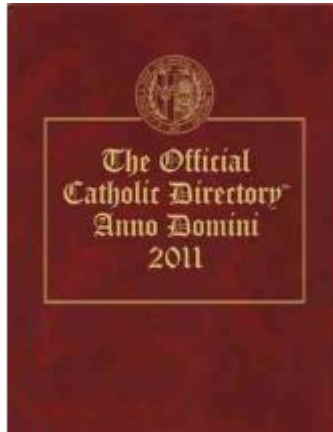
Mailing Address

City, State, Country, Zip Code

Email address

Instructions for completing this grant application are enclosed. If the application does not contain all the information stated below, it will be considered for...

1. **For U.S. organizations only:** Attach a copy of your organization's listing in the U.S. Official Catholic Directory (OCD) to the application and the Internal Revenue Service (IRS) Determination Letter.



Internal Revenue Service
P.O. Box 2588
Cincinnati, OH 45201

Date: July 12, 2011

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your July 1, 2011, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1940, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(ii).

With your request, you provided a copy of the Official Catholic Directory for 2011, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinate organizations do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the Official Catholic Directory for 2011 are recognized as exempt under section 501(c)(3) of the Code under GEN 5025.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 75 or the EO Business Master File. Donors may verify that a subordinate organization is included

Department of the Treasury
Person to Contact:
Roger Meyer
Toll Free Telephone Number:
877-699-5500
Employer Identification Number:
55-5166817
Group Exemption Number:
5025

OCD is published annually

USCCB Ruling Letter

2. If the applicant is part of, connected with, or controlled or sponsored by another organization, please provide the name of the organization and explain the relationship.
3. Please provide a brief history of your organization. You must include when it was founded, why it was founded, and its mission. **There is an 800 word limit on this field.*

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1. (U.S. Applicants only) If the organization applying is listed in the current publication of **The U.S. Official Catholic Directory (OCD)**, please include a photocopy of the OCD page. Also, please attach a copy of the USCCB group ruling letter to the application. If the organization submitting the application is a nonprofit, charitable organization not listed in the OCD, please attach a copy of the IRS 501(c)(3) determination letter to this application.
2. Is the responsible organization and/or congregation controlled by, related to, connected with, or sponsored by another organization? Yes ☐ No ☐ If yes, identify the organization.

Name of Organization _____
3. Provide a brief history of your organization (include when the organization/congregation was founded, its mission, and in what countries or U.S. Territories, the organization/congregation is located.) Limit your answer to the space provided.

4. Please list any and all applications your organization, diocese, or religious institute has made to the Koch Foundation.

4. Has the organization submitting this application ever applied for or received a grant from the Koch Foundation
Yes ☐ No ☐ If yes, list date(s) and application number(s). Attach an extra sheet if necessary.

5. Enter the name of the diocese where the proposed project will be implemented. Enter the name of the religious institute, if any, that will oversee the project and indicate its status.

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5. Name of Diocese where project will be implemented: _____

Name of Congregation, if any, administering the project: _____

Please indicate the status of your congregation by checking one of the following:

_____ Diocesan _____ Pontifical _____ Autonomous

6. Describe the project for which the grant is being requested. Limit your answer to the space provided.

6. Provide a full description of the project including what the project will achieve, why it is necessary, how the project will be achieved, who will oversee the project in the future, and if the project involves construction. **There is an 800 word limit on this field.* Please state whether the organization administering the project owns the land and has obtained all of the necessary permits (if applicable). Attach copies of these documents to the application.

7a. Enter the amount you are requesting from the Koch Foundation in **U.S. Dollars only.**

7b. Enter the total cost of the project **in U.S. Dollars only.**

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7.a. Enter the amount being requested for the project in U.S. Dollars: \$ _____
(Grants are provided for one year only)

b. What is the total cost of the project in U.S. Dollars? \$ _____

8. Enter the dates when the funds you are requesting will be used. The Koch Foundation only funds projects for one (1) year ending no earlier than March 2013.

8. Beginning date of the project: / / Ending date of the project: / /
(month/day/year) (month/day/year)

➤Complete the budget table for the project. Please list in the “Use of Koch Foundation Funds” **what categories the Koch grant would fund**, amounts other funders will support, any in-kind support and **the total amount** for each item. Itemize all costs on the budget page provided, if possible. Attach an additional sheet itemizing each category showing use of Koch funds. Projects requesting funds for equipment, construction/renovation, or items under “Other” must attach invoices for these sums to the application. Invoices must be in English and U.S. Dollars (USD), or a translation must be provided.

➤**All funding must be shown in US Dollars.** The following sites provide free online currency conversion services: www.xe.com or <http://xurrency.com>

➤**Projects requesting construction MUST attach a copy of proof of ownership of the land on which they will build. Construction materials MUST be listed on a separate sheet.**

➤**ALL PROJECTS MUST HAVE SOME MONIES COMMITTED TOWARDS THE PROJECT IN ADDITION TO IN-KIND SERVICES/DONATIONS.**

Budgets in U.S. Dollars are required for all projects submitted for Koch funding

Project Budget Attach an additional sheet if necessary	Use of Koch Foundation Funds	Other funders	In-Kind Services (donated services and/or materials)	Total
Salaries and benefits	\$	\$	\$	\$
Travel and/or Lodging	\$	\$	\$	\$
Printing & Postage	\$	\$	\$	\$
Supplies including food	\$	\$	\$	\$
Equipment	\$	\$	\$	\$
Other	\$	\$	\$	\$
For projects requesting support for construction costs only: Construction (materials and labor) Attach the estimate from the contractor and proof of property ownership.	\$	\$	\$	\$
Total (in U.S. Dollars)	**\$	\$	\$	\$
Amount received toward this project		***\$	***\$	\$

**This amount must be the same as the amount provided in response to question #7a.
*** Amount must equal total amount received towards the project as stated in response to question #9.

SEE EXAMPLE BUDGET PAGES BELOW

Addendum: Example budget page and breakdown of category expenditures

7.a. Enter the amount being requested for the project in **U.S. Dollars:** **\$ 15,000** MUST MATCH TABLE

(Grants are provided for one year only)

b. What is the total cost of the project in **U.S. Dollars?** **\$ 75,000**

8. Beginning date of the project: 00/00/0000 Ending date of the project (MUST BE AFTER March
Funding Distribution: 11/11/1111
(month/day/year) (month/day/year)

Budgets in U.S. Dollars are required for all projects submitted for Koch funding

Project Budget Attach an additional sheet if necessary	Use of Koch Foundation Funds	Other funders	In-Kind Services (donated services and/or materials)	Total
Salaries and benefits	\$8,000	\$15,000	\$0	\$23,000
Travel and/or Lodging	\$500	\$7,000	\$0	\$12,000
Printing & Postage	\$1,200	\$10,000	\$0	\$11,200
Supplies including food	\$1,500	\$7,000	\$5,000	\$13,500
Equipment	\$2,200	\$6,000	\$0	\$8,200
Other	\$1,600	\$5,000	\$0	\$11,600
For projects requesting support for construction costs only: Construction (materials and labor) Attach the estimate from the contractor and proof of property ownership.	\$0	\$0	\$0	\$0
Total (in U.S. Dollars)	**\$15,000 MATCH 7A	\$50,000	\$10,000	\$75,000
Amount received toward this project		***\$50,000	***\$10,000	\$60,000

***This amount must be the same as the amount provided in response to question #7a.

*** Amount must equal total amount received towards the project as stated in response to question #9.

Koch Foundation Grant

Explanation of Budget Categories:

For: [Diocesan Office Name]

[Grant Applicant overseeing project]

Office: Area Code-phone number

Fax: Area Code-phone number

Grant Application #

Category for core objectives: (eg. Catholic schools, mass media, direct evangelization)

- Salaries – Sample items (three office staff includes partial salaries and benefits)
- Travel – Sample items (airfare to conferences)
- Printing – Sample items (religious materials for youth and children’s ministry)
- Supplies – Sample items (Office supplies, refreshments for youth group and children’s ministry, and events)
- Equipment – Sample items (laptop computers, Smartboards and printers, LCD projects and screens)

Other (Associated but not directly in line with expenditures)– rental of meeting space for youth gatherings, rental of sound equipment

9. List the names of other funding sources and amount requested or received for the project including in-kind services (services and/or materials donated). Attach an additional sheet if necessary.

- **Do not send blueprints or architectural drawings**
- **Do not send books, publications, CDs or DVDs, or copies of presentations**

9. Provide the names, addresses and amounts received from other sources of support for the project including any in-kind services (labor, donated materials, etc.). Contributions, matching funds or collaborative funding can be in the form of in-kind service, or amounts collected from weekly contributions. Local contributions towards the project show the community is committed to the project and its value to the area. Applicants must seek matching or collaborative funding. Attach an additional sheet if necessary

Discuss why the project is needed and how it will promote evangelization. Explain the ways in which the project will positively affect evangelization and how the evangelization objectives of the project will be met.
 *There is an 800 word limit on this field.

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Impact Statement

Please provide a justification for the project. Limit your response to the space provided.

Page 6 ** DO NOT RECREATE THIS PAGE**

For parishes, churches, diocesan schools, programs, or Catholic organizations not supported by a religious institute: Complete all contact information, including a valid email address. The local Bishop/Vicar General/Apostolic Administrator from the diocese where the project will be implemented must provide an original signature on the application and a hand-signed letter, **in English**, supporting the project requested in the application. **Stamped signatures on the application and/or letter of support ARE NOT ACCEPTED. Color scans will be accepted as placeholders for the originals. The same Ordinary must sign the application and letter.**

For projects administered and financially supported by a religious institute: Include a hand-signed letter of support, **in English**, from the Bishop/Vicar General/Apostolic Administrator of the diocese where the project will be implemented. In addition, you must include a letter of support, **in English**, from the Superior. **Stamped signatures on the letters ARE NOT ACCEPTED. Color scans will be accepted as placeholders for the originals.**

Complete all contact information for the Superior of the Congregation, including a valid email address. If there are any questions about your application, staff will use the email provided to contact your Superior for clarification.

Xerox copies or faxed copies of page 6 or the letter(s) of support WILL NOT BE ACCEPTED.

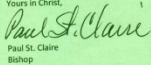
Office of the Bishop of XXX
 1234 Second Street
 Anywhere, USA
 Phone (333) 123-45678

June 1, 2012

Koch Foundation, Inc.
 4421 NW 39th Ave
 Bldg. 1, Ste. 1
 Gainesville, FL 32606

Dear Madam:

I am writing to express my support for the project described in the enclosed application. The project will allow the parish to enhance the Catholic faith in the local community and show the Love of Christ to all. The parish has, through its various activities, evangelized the people and has reached many in the area. Your support will provide an opportunity to continue their important work.

Yours in Christ,

 Paul St. Claire
 Bishop

Please identify the contact person administering the proposed project.

Fr. Anthony Romain Pastor XXX
Name Title District

783 Church Street Redmond Calif. 77750
Street Address City State Zip Code

St. Agnes Catholic Church (352) 373-7441 (352) 666-6000
Organization Telephone Number Fax Number

Romain@gmail.com
Email Address (With Area and/or Country Code)

Please identify the person authorized to make any changes to the application.

Fr. Anthony Romain
Typed or Printed Name of Person Title

St. Agnes Catholic Church (352) 373-7441
Organization Office Telephone Number (With Area Code)

Romain@gmail.com
Email Address (With Area and/or Country Code)

For parishes, churches, schools, diocesan programs or Catholic organizations not solely supported by a congregation: A hand-signed letter of support for the originally requested project, on official letterhead, including the diocesan seal, from the Bishop, Vicar or Apostolic Administrator where the project will take place must be submitted with this application. In addition, the same individual must sign the application and complete the contact information in English below. Copies of, scanned, or stamped signatures on letters of support or the application will NOT be accepted.

Paul St. Claire
Typed or Printed Name of Bishop, Vicar, or Apostolic Administrator Title

Paul St. Claire
Address of Bishop, Vicar, or Apostolic Administrator

1234 Second Street
Address of Bishop, Vicar, or Apostolic Administrator

Anywhere, USA
City State/Country

bishop@yahoo.com
Email Address (With Area and/or Country Code)

For projects administered and financially supported solely by a congregation: A hand-signed letter of support for the originally requested project, on official letterhead, including the diocesan seal, from the Bishop, Vicar or Apostolic Administrator, where the project will take place must be submitted with this application. Please provide the contact information above in English for the Bishop, Vicar, or Apostolic Administrator who has signed your letter of support. In addition, a hand-signed letter of support for the originally requested project or official letterhead from the congregational superior or superior must be submitted with this application. Complete the contact information in English below. Copies of, scanned, or stamped signatures on letters of support will NOT be accepted.

Typed or Printed Name of Congregational Superior Title

Name of Congregation

Address of Congregational Superior City State/Country

Email address of Congregational Superior

Bishop's Letter (Names MUST match)

Page 6 of the application

Overseas applicants must contact a fiscal agent in the United States who is either personally known to them or their organization to determine their willingness to serve as fiscal agent prior to sending the application. DO NOT CONTACT FISCAL AGENTS THAT ARE UNKNOWN TO EITHER YOU OR YOUR ORGANIZATION. Complete all contact information for the fiscal agent who will accept and disburse funds to you if the application is approved. **The fiscal agent's organization must be listed in the U.S. Official Catholic Directory.** Checks will not be issued to personal accounts. The fiscal agent must send a letter of agreement to the Koch Foundation stating their willingness to act as fiscal agent for your project. The Koch Foundation will NOT identify, assign or contact a fiscal agent on your behalf. Please send a copy of your application to your fiscal agent.

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INTERNATIONAL APPLICANTS ONLY

Applicants located outside the United States **MUST** CONTACT a parish, religious congregation or organization in the United States to act as their fiscal agent through which potential funds may be distributed. This organization must be listed in the current issue of The U.S. Official Catholic Directory published annually by P.J. Kenedy & Sons. The fiscal agent **MUST** send a signed letter to the Koch Foundation stating their willingness to serve in this role.

Please provide the contact information for your fiscal agent below:

Name of United States Nonprofit Catholic Organization		OCD Page #
Name of Contact Person		Title
Street Address	City	State and Zip Code
()	()	
Area Code & Telephone Number	Area Code & Fax Number	
Email address		