



**MOST PRECIOUS BLOOD CATHOLIC COMMUNITY
SOCIAL OUTREACH COMMITTEE
APPLICATION for ASSISTANCE 2021-2022**

The Social Outreach Committee of Most Precious Blood Catholic Community offers assistance to organizations that serve people in need.

When an organization applies for this yearly assistance, the request will be evaluated on the basis of the criteria listed below. Requests may be made for volunteers, material goods and/or financial assistance. Requests are considered quarterly and applicants will be notified of the status of their application upon receipt of the application.

Please answer the following questions:

1. How does your agency assist people in need?
2. How does your agency support clients to sustain a better quality of life? In what ways does your agency support clients beyond their immediate needs, i.e. training, counseling, education...
3. How do you know if you are successful in your mission? What are positive outcomes that you've observed in your clientele as a result of your support?
4. How will the requested funds specifically be used?
5. How does your agency serve a racially diverse population?
6. What actions does your organization take to address systemic racism?

The Social Outreach Committee asks that the agency making a request for 2021-2022 submit this form to Most Precious Blood Parish attn.: Ann Zimmer. Requests are reviewed quarterly. Requests for 2021-22 must be made before April 29, 2022.

Ann Zimmer Social Outreach Coordinator

azimmer@mpbdenver.org

303.756.3083 phone 303.756.5628 fax

Contact Ann with any questions.



**MOST PRECIOUS BLOOD COMMUNITY
SOCIAL OUTREACH COMMITTEE
APPLICATION for ASSISTANCE 2020-2021**

Agency _____

Date of Application _____

Project Title or Focus of Funding

Address _____

Phone _____

Email _____

Contact Person

Year of Incorporation

Agency Website

Human Resources:

Number of Staff _____

Number of Volunteers _____

Number of Clients Served _____

Total Assistance Requested:

Financial request \$ _____

Other assistance requested

Would you be willing to present to
the committee / parish your project
or work? _____

How did you learn of this MPB resource?

Previously funded by MPB?

Yes _____ No _____
If yes:

Date(s) _____

Amount(s) _____

**Please enclose the following
documents with this request:**

- Annual financial statement
- Names of other agencies or
parishes that assist your
organization.
- Your agency's mission statement

Administrator Signature

Date: _____