



The Diocese of New Jersey

808 West State Street
Trenton, NJ 08618-5326
(609) 394-5281 Fax (609) 394-9546

**HARRIET PROCTER MATTHEWS GRANT REQUEST
For the year 2012**

Organization requesting grant: _____

Address: _____

Contact person and phone #: _____

Amount requested: \$ _____

Purpose of grant (Summary): _____

Have you previously received a grant form the HPM Fund? _____

If yes, please answer:

Year received: _____ **Grant amount:** \$ _____ **Purpose:** _____

We cannot guarantee that grant money will be released in one lump-sum payment. HPM Fund monies are received periodically. Please indicate the date you would like to receive your grant request.

Date the funds are needed: _____

Submitted by: _____

Print name

Signature

Signature

Date

Date

On a separate sheet of paper briefly state the purpose for which you are requesting assistance. Attach any written statements and supporting material; including detailed information about the cost of your project and other additional funding sources. Please also include the most recent annual report.

Requests are reviewed quarterly.

Forward Grant Request to:
Harriet Procter Matthews Grant
Diocese of New Jersey
808 West State Street
Trenton, NJ 08618