



2022 GRANT NOMINATION FORM

CONTACT INFORMATION

Name: _____

Email: _____ Phone: _____

NOMINATION INFORMATION

Organization Name: _____

Address: _____ City/State/Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Description of Organization (*mission, who they serve, what they do, etc.*)

Specific Project Description (*you may also say "For the general needs of XXX"*)

Why are you nominating this organization?

Please return this form to:
The Roman Catholic Foundation | 425 North New Ballas Road, Suite 200 | St. Louis, Missouri 63141
or email: themarthas@rcfstl.org