

**ST. MARY OF SORROWS CHURCH**  
5222 Sideburn Road  
Fairfax, Virginia 22032

**FY 24 Application for Parish Tithing Funds**

**Name of Organization:** \_\_\_\_\_

Full address: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**Contact Person (if different):** \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Description of Organization:** \_\_\_\_\_

Years in operation: \_\_\_\_\_

Religious/organizational affiliation, if any: \_\_\_\_\_

Structure of organization - please attach an organization chart and a pamphlet or brochure

Vision and values of the organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number and type of staff and volunteers: \_\_\_\_\_

\_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Check if 501(c)3: \_\_\_\_\_

Describe how St. Mary's parishioners may be involved in the organization's work:

\_\_\_\_\_

**Description of Organization's Activities and Clients:**

\_\_\_\_\_

Primary programs and services: \_\_\_\_\_

Number of people served in the past 12 months: \_\_\_\_\_

Describe the people you serve: \_\_\_\_\_

Goals for the next 12 months: \_\_\_\_\_

Number of St. Mary's parishioners involved in the organization: \_\_\_\_\_

**Organization's Budgets and Finances**

Please provide a copy of the most recent audit or the most recent Form 990.

**Proposed Use of St. Mary's Funds:** \_\_\_\_\_

Description of the project or program (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget for the project or program: \_\_\_\_\_

Detailed description of the proposed use of St. Mary's funds with goals and measurements, including how you will measure success:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how this proposed use will support the organization's goals and purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Names, contact numbers, and emails of two references with first-hand knowledge of the organization:

\_\_\_\_\_  
\_\_\_\_\_

Application Sponsors' Names and Contact Information:

\_\_\_\_\_  
\_\_\_\_\_

**The deadline to submit a Tithing Fund application for FY 24 is Wednesday, 11/01/23.**

**Submit by email to: [christinab@stmaryofsorrows.org](mailto:christinab@stmaryofsorrows.org)**

***No paper copies please.***

**If your organization received tithing funds from St. Mary's for FY 23, please complete a Report on the Use of Funds form, found on our website. This detailed report on the use of the tithing funds is required for consideration of future requests for funding. Thank you.**