

Catholic Daughters of the Americas

Our Lady of the Holy Trinity #2661 San Antonio, Texas

CHARITABLE GIVING POLICY

Goal and Objective for Charitable Giving

The purpose of our grant funding effort is to provide visible support to the CDA principle of “faith working through love in the promotion of justice, equality, and the advancement of human rights and human dignity for all.”

Charitable Giving Committee Guidelines

1. Three **Charitable Giving Committee** members will be selected from volunteers at the first meeting following the installation of a new board and will serve a two-year term.
2. The members of the committee will choose a chair.
3. Committee policies and procedures will be reviewed every two years.
4. The **Charitable Giving Committee** will review grant requests for compliance with this policy and determine a recommendation. If the recommendation is to support the request, a suggested amount will be identified to the CDA Executive Board.
5. The recommendation will be presented at the next scheduled CDA business meeting for a vote of the members present. The members may vote to approve or disapprove. They may also modify the suggested amount of the donation if funds are available. The vote will be recorded in the minutes.
6. The original copy of the request forms will be maintained with the end-of-year budget and finance documents.

Grant Funding Priorities

- Requests not already addressed in Court projects and budget
- Well-being of at-risk children and adults in our community as well as humanitarian needs in other locales
- Holy Trinity parish spiritual events
- Spiritual enrichment opportunities for members of Holy Trinity parish

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Grant Funding Guidelines

1. Grants should be made in support of individuals, events and projects that are in line with the CDA mission and vision for today's church and society, especially issues that affect the well-being of women and children.
2. Grants are primarily intended to support members of the Holy Trinity community and/or charities supported by the Court Our Lady of the Holy Trinity, #2661
3. Grants will not serve exclusive personal interests.
4. Grants will be awarded based on (a) the information provided on the grant request form and (b) the availability of funds in the Charitable Giving Fund annual budget.

CDA Will Not Support the Following

- Organizations that align themselves with individuals or groups opposed to our Catholic faith or CDA mission

Grant Process

1. All requests must be submitted to the Committee Chair on the CDA *Grant Request Form* (Forms and contact information available on web site.)
2. Requests for grants should be received no later than 60 days prior to the required date.

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GRANT REQUEST FORM

The following information is required for your request to be considered.

Name: _____ Date: _____

Email: _____ Phone Number: _____

Mailing Address: _____

What type of contribution are you seeking: Monetary Grant \$ _____ Other _____

How will a grant/donation be used? (Additional space on back of form for narrative.)

Are you receiving other grants for this purpose? If so, please list. _____

Have you previously received a grant/donation from the CDA? If so, when and for what purpose?

By what date do you need this grant/donation? _____

If you are selected to receive this grant/donation will you be available to accept it at a CDA Meeting?

Yes ___ No ___

If you are selected to receive a donation, please provide a letter and/or photos showing how the donation was used and the benefits achieved within 30 days following the event.

Send application to Sheryl King, CDA Regent. 23210 Woodlawn Ridge San Antonio, TX 78259

Committee Use Only

Request Number: _____ **Date Received:** _____ **Date of Review:** _____

Which of the following CDA mission areas would be supported by a grant or donation?

Spiritual Enhancement _____ **Education** _____ **Quality of Life** _____ **Legislation** _____

Leadership _____ **Family** _____ **Youth** _____

Recommendation

Approve: _____ **Deny:** _____ **Amount:** _____

Conditions: _____

Court # 2661 Vote Date: _____

Approved: _____ **Denied:** _____ **Amount:** _____

Conditions: _____