

Roman Catholic Diocese of Victoria

Diocesan Development Office

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Bishop's Appeal Grant Application Form

Parish/School Information		
Parish/School:		
Project Coordinator		
Name:		
Phone:		
Email:		
Project Details		
Project Title:		
Amount Requested:		
Start Date:		
End Date:		
Brief project description:		
Submitted By		
Name & Position:		
Date:		
Priest/Principal Signature:		
Internal Use Only		
Approved De	nied Amount	Date
Internal Fund		
Does the project resp	ound to the TRC call for action?	Yes No