

St. Cloud Mission Office



Local Rice Bowl 2025 Pray, Fast, Learn, Give Grant Application

In order to distribute the 25% retained locally each year from the Lenten Rice Bowl collection, a grant application process has been prepared for your use. Please forward this information to parish or community groups sponsoring programs that address hunger issues in our communities.

Once again during Lent 2025 our parishes, schools, faith formation and youth ministry programs will participate in the Catholic Relief Services' Rice Bowl program. Rice Bowl has always emphasized the traditional Lenten disciplines of fasting, prayer and almsgiving. We rejoice that our efforts allow our faith communities to assist those who hunger and thirst for nourishment of body and soul in their everyday lives. May our spiritual fulfillment consist of our attentive prayer and action for justice in all parts of our world, on behalf of all people who struggle daily for justice and peace.

FOR MORE INFORMATION

Contact:

Elizabeth M. Brown
St. Cloud Mission Office
11 8th Avenue South
St. Cloud, MN 56301

Phone: 320-251-1100

E-mail: enmission@cloudnet.com

2025 Local RICE BOWL GRANT APPLICATION -Guidelines

Rice Bowl is sponsored and supported by the Mission Office and Catholic Relief Services. This Lenten program is conducted in Catholic parishes throughout the entire diocese. 75% of the funds raised are used for international relief and development projects and 25% are distributed within the diocese for food programs and root-cause-of-poverty hunger relief efforts.

1. A majority of Rice Bowl funds for distribution in the community will be allocated to programs that directly address hunger. Additionally, some funds will be available for programs, projects or organizations that respond to the root causes of hunger, "one step removed" from direct assistance, i.e. projects dealing with economic development, anti-hunger advocacy and organizing, farm policies, etc.
2. Programs, projects, or organizations to be considered for Rice Bowl funds will be local community based groups and not individuals.
3. Grants are made on an annual basis and do not imply subsequent years of funding. Grants are given on a first come basis as funds are limited and will begin being distributed **after** Easter each year.
4. Those programs, projects, or organizations that receive Rice Bowl funds will be asked to submit a simple written report prior to receiving possible funding the following year, which explains the use of the grant and the number of individuals served.
5. Applications for funds shall be from organizations within the community however exceptions may be considered.
6. No proposal that excludes on the basis of race, color, gender, religion, national origin, or sexual orientation can be considered.
7. For applications made by a parish or parish program, the signature of a pastor, parish life coordinator or parish administrator is required on the application indicating his/her knowledge and approval of the grant application.
- 8. *In order to increase participation in the Rice Bowl program, all grantees are asked to acknowledge in some public forum (e.g. parish bulletin) the grant from Catholic Relief Services' Rice Bowl and the St. Cloud Mission Office.***

If you have questions or need additional information about the application process, please call the Mission Office @ 320-251-1100 or e-mail enmission@cloudnet.com

LOCAL RICE BOWL GRANT APPLICATION 2025

MAIL TO:
LOCAL RICE BOWL GRANT
St. Cloud Mission Office
11 - 8th Avenue South
St. Cloud MN 56301

DATE: ____/____/____ AMOUNT OF GRANT REQUEST: \$_____

*NAME OF ORGANIZATION or PARISH:

Name of Program or Project (if applicable)

ADDRESS _____

CITY _____ ZIP _____

DEANERY _____

CONTACT PERSON _____ DAYTIME PHONE _____

CONTACT EMAIL _____ ALTERNATIVE PHONE _____

PROGRAM DESCRIPTION: (1) what you are doing; (2) targeted population; (3) services you provide; (4) number of people served each year; (5) other helpful information.

If possible use only the space on this form. We will request additional information if needed.

What was your program income in dollars (excluding in-kind donations) last year: \$ _____

What is your estimated annual value of "in-kind" contributions (food)? \$ _____

What is your present source of funding?

	Amount	/	Percentage
Federal:	\$ _____	/	_____ %
State:	\$ _____	/	_____ %
Grants:	\$ _____	/	_____ %
Local Rice Bowl Grant:	\$ _____	/	_____ %
Individuals:	\$ _____	/	_____ %
Other:	\$ _____	/	_____ %

Describe "other"

How will LOCAL RICE BOWL funds be used?

How will Catholic Relief Services' Rice Bowl and St. Cloud Mission Office be highlighted/noted as a (co)funder of this project/program?

List an organization or person, independent of your program, who could give information regarding your efforts.

Name _____ Daytime Phone (_____)

Signature of Applicant _____

Date _____ / _____ / _____

Name (Please print) _____ Title _____

****If accepted to whom/organization should check be made payable to:**

***For applications made by a parish or parish program, the signature of a pastor, parish life coordinator or parish administrator is required thus indicating his/her knowledge and approval of the grant application.**

Parish _____ Pastor _____

Signature _____ Date _____ / _____ / _____