

Diocesan Lenten Collection Allocation Committee

APPLICATION FORM

1. Name of Organisation/Parish: _____
2. Name of Person In-charge _____
3. Address _____
 _____ Tel No. _____
 _____ Fax No _____
4. Application for Grant : Yes / No
 (Delete as appropriate and please return as required)
5. Purpose of Grant applied for :- *(must be genuinely related to the purposes for which the funds were raised; that is for the urgent needs of the poor, the sick, the aged, the homeless etc.; long term social cases should be referred in caritas Family Service for assistance; subsidy for celebration and recreational / training activities will not be considered.*

The applicant is requested to state out the particulars, and the proposed budget in the attached form.

Summary of Applications

Total amount requested for the period **1/10/2025 to 30/9/2026** _____

Signature : _____ Date : _____

Name in Block Letters _____

All applications should reach the Secretary of the Lenten Campaign **before 31 August 2025**, address: L04, 2/F., 23-25 Man Lai Road, Shatin, N.T. for the attention of **Ms. Cary NG** 2691 7171 or by Fax: 2606 4016 and simultaneously email a copy to lenten@catholic.org.hk as record.

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*One form for each proposed activity. Kindly make your own copies if necessary.

1. Name of Organisation/Parish : _____
2. Type of Assistance : _____
3. Estimated no. of persons to be assisted : _____
4. Particulars of the assistance : _____

5. Proposed Budget :

Name & Signature of Responsible Person

(Note : please state the name of the Bank, account number and the account name for direct transfer of funds if the application is approved)

Name of Bank :

Account No. :

Account Name :