

**ST. PAUL'S EPISCOPAL CHURCH**  
**INTERNATIONAL GRANT APPLICATION**  
(For grant requests originating outside the U.S.A.)

*Carefully Read and Complete*

**Organization Submitting Application** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

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

**Contact Info:** \_\_\_\_\_

Name Telephone No.

Address

City/State/Zip

Email Address Fax No.

In order to complete an application for a grant from St. Paul's you must: (check to confirm)

- \_\_\_\_\_ Be a non-profit organization
- \_\_\_\_\_ Include the name and contact information of the local Anglican Bishop
- \_\_\_\_\_ Include a letter in support of the project from the local Anglican Bishop
- \_\_\_\_\_ Have a Project Manager for this project
- \_\_\_\_\_ Have a person who will maintain financial control of this project
- \_\_\_\_\_ Provide a plan to assess the impact of the grant for the proposed mission opportunity
- \_\_\_\_\_ Complete the St. Paul's Evaluation Report at the completion of this project (see attached form)

We have attached: (check to confirm)

- \_\_\_\_\_ The income/expense budget for this project
- \_\_\_\_\_ A one page Financial Summary for our organization stating primary sources of Income and primary Expenses
- \_\_\_\_\_ The contact person for this application with complete contact information
- \_\_\_\_\_ The name of the treasurer or other person who will be responsible for project accounting
- \_\_\_\_\_ A narrative description of the project

After you have met the application requirements, send the completed application to:

St. Paul's Episcopal Church  
Chair, Outreach Council  
25 Westminster Rd.  
Rochester, NY 14607

Keep a copy for yourself.

Following the submission of this application, inform the church office of any circumstance that substantially affects the application after it is submitted.

ST. PAUL'S EPISCOPAL CHURCH DISCLAIMER

I agree that \_\_\_\_\_ will use any grant that St. Paul's Episcopal Church may award in the manner described in this application and in compliance with applicable law and will comply with the requirement of the church for accounting and narrative reports.

St. Paul's Episcopal Church shall not be liable in any way, and we agree to indemnify and hold harmless St. Paul's Episcopal Church for any and all loss, claims expenses and damages arising out of, resulting from or in connection with any actions we take or fail to take, or that may be taken on our behalf, in connection with any such grant and the project described in this application.

Signature of authorized person in your organization

\_\_\_\_\_ Date: \_\_\_\_\_

NO APPLICATION WILL BE CONSIDERED WITHOUT ALL OF THE ABOVE

## Project Summary and Narrative

A. Provide a narrative description of this Project. (You may continue on reverse side of this sheet). Is this a new or ongoing Outreach Ministry?

B. Briefly describe the goals of this Project. Is this Project time sensitive? Are the needs prompting this grant request urgent, acute or recurring? Must the grant reach the intended recipients within a particular timeframe?

C. Describe the people who will receive services or benefits from this Project. How many will benefit?

D. Provide the names, addresses, telephone numbers and e-mail addresses of the following people:

Contact person for this application:

Project Manager:

Financial Control person:

## Project Budget

This budget is for the Project only. Attach a separate sheet with a Financial Summary of your organization.

**Title of Project:** \_\_\_\_\_

Please provide a one page detailed income/expense budget for the Project. Use this page as a guide.

Amount of Grant Requested: \_\_\_\_\_

### Income

#### Other Sources of Funds Anticipated for the Project

#### Income

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**Total Income** \$ \_\_\_\_\_ (1)

### Expenses

#### Proposed Expenses for the Project

#### Expenses

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

**Total Expenses** \$ \_\_\_\_\_ (2)

**Income (1) less Expense (2) = Balance Needed (3)** \$ \_\_\_\_\_ (3)

**Amount requested from St. Paul's Episcopal Church for this Project** \$ \_\_\_\_\_

**EVALUATION FORM**  
**FOR THE GRANT RECEIVED FROM**  
**ST. PAUL'S EPISCOPAL CHURCH**

**NAME OF ORGANIZATION SUBMITTING THIS EVALUATION:** \_\_\_\_\_

**TITLE OF THE PROJECT:** \_\_\_\_\_

1. We received a grant in the amount of \_\_\_\_\_ on \_\_\_\_\_
2. The number of people who were to benefit according to our application was \_\_\_\_\_
3. The number of people who actually benefited as a result of the Project was \_\_\_\_\_
4. This is how the Project added to the vitality of our organization and how the results compared to those anticipated in our original application:

5. If a similar Project is planned for next year, we will do the following to change it and improve it:

6. We would also like to tell you the following about the Project we have just completed:

Completed by (name and title): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number and email: \_\_\_\_\_