

ST. PAUL'S EPISCOPAL CHURCH
GRANT APPLICATION

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
- _____ 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 the accounting for the project
- _____ 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 Road, 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: _____