

St. Paul's Enduring Gift Fund
Application

Project title: _____ Amount requested: _____

Application Date: _____

Applicant name: _____

Address: _____ Phone: _____

Duration of project: _____ From: _____ To: _____

Agency applicants only – Date established _____ Number of Employees _____

Total operation expenses for past year \$ _____

Does the organization have a written policy that it does not discriminate as to age, race, religion, sex or national origin? Yes _____ No _____

Give a brief but thorough project description and the intended use of funds on the attached page*. It should include descriptions of who will be served, how they will be served, what expected outcomes to be realized, links to the church, and/or community and any collaboration with others.

Include an additional page with budget information, giving a specific accounting identifying total funds required. Please be sure to include enough information so the committee can see that the funding requested is reasonable and appropriate.

What sources of income, if any, are currently available for this project?

Is this a one-time need or an ongoing project? If ongoing, what other sources of funding will you be exploring for the future? _____

Who will manage the project? _____

What are their interest and qualifications related to the project?

What else should the committee know about your proposal?

Applicant signature

Date

Agency representative signature

Date