

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