

Episcopal Church Women  
(operating funds)

Christian Social Concerns  
(crisis intervention)

St. Philip's Foundation  
(capital expenditures)

## ST. PHILIP'S EPISCOPAL CHURCH

256 East Main Street, Brevard, NC 28712

### GRANT APPLICATION

#### 1. Agency Contact Information

Legal Name of Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

Agency Phone \_\_\_\_\_

Executive Director \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### 2. Project/Program Information

Project/Program Title \_\_\_\_\_

Description of Need \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Does any agency provide a similar service? \_\_\_\_\_

\_\_\_\_\_

If so, how is your service different? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Grant Application (page 2)**

How will this service impact the community? (Please be specific as to the number of people who will benefit, population served, etc.)

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**3. Agency Information**

**Check one:**

- 501 (c)(3)
- Public Agency

What is agency's total annual operating budget? \_\_\_\_\_

Does this agency receive funds from other sources? If so, please list. (We are particularly interested in which other churches provide you with financial support.)

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Please attach a copy of your current budget, names of your Board of Directors, other supporting documents you consider relevant.

**4. Agency Authorization**

By my signature I certify that this application is correct.

_____	_____	_____
Board Chair/President (Please Print)	Signature Board Chair/President	Date