

APPLICATION

Please indicate which grant(s) your congregation is applying to receive:

- ☐ Ministry Development Fund Grant (1 year)
☐ The Warren Dunning Memorial Social Justice Grant (3 years)
☐ The Barry L. Beisner Multi-year Grant (5 years)

Name of your grant project: _____

Parish/Mission: _____

Mailing Address: _____

Phone: _____ FAX: _____

E-mail: _____

Contact Person: _____

Title: _____

Phone and E-mail (if different from above): _____

Federal Identification Number (SSN if individual): _____

Grant amount requested: _____

Date funds are required: _____

Complete each of the following items:

1. **Congregation Mission Statement, Goals and Objectives:** Forward a copy of your congregation's **Annual Report** to Betty Harrison-Smith, P. O. Box 367, Shasta, CA 96087 or E-mail bettyharrisonsmith@gmail.com.
2. **Project Summary Statement:** Describe the people to be served, who will provide these services, identify the person in charge (project leader).
3. **Description of Need:** What is the issue you plan to address? What is your approach? How will the service(s) planned address a specific problem? Have you identified other programs in your congregation or within the Diocese of Northern California which are similar or complementary to yours? If so, what did you learn from them?
4. **Specific Activities:** Include information about service activities and timeline(s) for implementation.

5. If you are applying for a **multi-year grant**, please discuss your concepts of the specific activities to occur in each year. What are your goals for each year? Include information about services to be provided and timeline(s) or implementation.
6. **Goals and Objectives for this Request:** Identify a minimum of three goals and describe objectives for each goal. (for example, the goal is to develop a program to feed the homeless within your parish boundaries; the objective is to provide 25 meals twice per week)
7. **Evaluation:** How will you evaluate your project? Please be specific. Include anticipated volunteer hours and in-kind contributions.
8. **Budget Information:** Provide a detailed ministry budget, both income and expenses. Plan to track this data throughout the year, comparing budgeted amounts with actual, so the information will be readily available for interim and final reporting. See attached example.
9. **Other support:** Describe in-kind support, volunteer involvement, partnerships that have been/will be developed, any matching funds, and any other fund requests you have requested.
10. **Longevity:** Specify if/how the ministry is to continue, after the grant has expired. If it is to continue, how will it be funded?

Applicant acknowledges that submission of this document does not guarantee funding, nor that funding will be allocated at the level requested. ECS reserves the right to fund any or none of the applications submitted in response to this Request for Proposals. Final contract provisions will take precedence over the information provided in the proposal.

The undersigned hereby affirms that the statements contained in the application package are true and complete, to the applicant's knowledge. The undersigned has authority to validate this request.

Signature: _____

Date: _____

Type/print name and title: _____

Deadline for Grant Proposal Requests is May 1.

E-mail to: bettyharrisonsmith@gmail.com **or mail to** Betty Harrison-Smith, P. O. Box 367, Shasta, California, 96087. (Note, please send all proposals directly to Betty, not to any other ECS contacts.)

For questions, contact assigned ECS Board mentor.

EXAMPLE
Project Budget

Congregation: All Saints' Sacramento

Project name: Community Garden Grant Project

ITEM	PROJECTED COST	ACTUAL COST	END-OF-YEAR
TOTAL*			
Garden dirt	\$1460.00		
Wood for raised beds	\$ 795.00		
Fencing for perimeter	\$1600.00		
Garden shed for tools	\$ 450.00		
Drip line	donated		
Weed prevention fabric	donated		
Seeds	to be provided by gardeners		
Water set-up	already in place		
TOTAL:	\$4305.00		

*Include unanticipated events/expenses