

St. Matthew's Church

Bedell Fund Application

P.O. Box 293 380 Cantitoe Street
Bedford, NY 10506
914-234-9636 (phone) 914-234-0862 (fax)
stmatthewsbedford.org

The Reverend Terence L. Elsberry, Rector

We appreciate the time and effort you will take to complete this application. A properly completed application consists of fully completing this 6-page Application Form and attaching all relevant materials listed below. (Note: you may attach and reference additional pages to the application, if necessary.) Submit to Chairman, Bedell Committee.

At least one site visit will be scheduled. If your project merits further review, you will be invited to present your proposal to the full committee at St. Matthew's in March or April. Final decisions for funding will not be announced until June.

Please Attach One Copy Of:

1. Operating Budget for the Past 3 Completed Fiscal Years.
2. Most Recent Audit
4. Most recent Annual Report
3. List Of Directors/Trustees
5. Mission Statement
6. **A Detailed Line-By-Line Budget** for the Entire Project.

If Your Request is for a Building or Repair Project, there are often soft costs involved. In addition to general contractor & sub-contractor costs, you might incur the following additional costs:

- Architect Fees (Be Sure To Determine "Extra" Costs For Copies Of Plans)
- Legal Fees
- Site Plan Fees
- Structural or Mechanical Engineering Fees
- Permit Fees (Planning Board, Zoning Variance Board, Building Inspector)
- Surveys
- Appraisals
- Hazardous Materials Abatement And Disposal
- Builders Risk Insurance

If receiving a construction loan also include

- Title Insurance
- Mortgage Recording Tax
- Bank Inspecting Engineer
- Interest payments

If Your Request is for a Building or Repair Project, Also Include:

7. General Contractor Resume
8. Architectural Plans
9. Estimates/bids from at least 2 Contractors
10. Photos of Project (if a repair)

St. Matthew's Bedell Fund
Grant Application Form

Date of Application: _____ Amount Requesting: _____

General Information

1a. Name of Organization: _____

1b. Mailing Address: _____

1c. Street Address (if different): _____

1d. City: _____ State: _____ Zip: _____

1e. Telephone: _____ FAX: _____

1f. E-mail Address? _____ Website?: _____

2. Head of Organization Name: _____

Title: _____

Phone Number: _____

3. Project Contact Person Name: _____

Title: _____

Phone Number: _____

4. Parent Organization, if any Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Episcopal Church Information – All Others Skip to Question 6

Diocese: _____

Number of Parishioners: _____

Region #: _____

Number of Pledging Units: _____

Average Amount of Pledge: \$ _____

Average Number of Sunday Service Attendees: _____

For how many years has your current Rector served in your church? _____

6. Non-Episcopal Organization Information – Episcopal Churches Skip To Question 7

6a. Briefly describe the Objectives or Mission of your organization.

6b. How many people received the services of your organization last year? _____

6c. Year Incorporated or founded: _____

6d. Under which of the following documents was your organization founded?

Articles of Incorporation

Enabling legislation

Charter

Other (specify): _____

6e. Briefly describe the governance of your organization. (e.g., Board of Directors, Executive Director, etc.)

6f. Briefly describe the staffing of your organization and indicate whether each staff member is a full or part-time volunteer or a full or part-time paid staff member.

Questions 7 – 25 To Be Completed By All Applicants

7. Briefly describe your facilities (including buildings and grounds.)

8. Briefly describe the community you serve and those who receive your services.

9. Complete the following information on your institution's annual operating budget for the last three completed fiscal years.

Fiscal Year	20__	20__	20__
Income	\$ _____	\$ _____	\$ _____
Expenses	\$ _____	\$ _____	\$ _____
Net Gain/Loss	\$ _____	\$ _____	\$ _____

10. Do you have any existing loans/mortgages?

- No
- Yes

11. Please list any parishioners or staff of St. Matthew's who are associated with your organization in any way – professionally, on your board, or as a volunteer.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Project Costs/Funding

16. What is the anticipated total cost of this project? \$ _____

16a. How much funding have you already obtained or have firm commitments for? \$ _____

16b. Are these funds held (to be held) in your operating account or in a separate account?

Operating Account

Separate Account

17. How will you obtain any additional funds needed to complete this project?

18. Please indicate below

a. How funds are typically raised for your organization on an annual basis

b. How you contemplate they will be raised for this project.

c. The actual amounts already raised for this project.

	<u>A</u>	<u>B</u>	<u>C</u>
	Annual Funds Sources	Sources For This Project	Amount Committed To Project To Date
Annual Membership Donations/Dues.....	____%	____%	_____
Special Appeal to Members for This Project.....	X	____%	_____
Government funds			
Local.....	____%	____%	_____
County.....	____%	____%	_____
State.....	____%	____%	_____
Federal.....	____%	____%	_____
Private Foundation or Institutional Support <i>(Please List Foundations or Institutions)</i>			
_____	____%	____%	_____
_____	____%	____%	_____
_____	____%	____%	_____
_____	____%	____%	_____
Special Fund-Raising Activities by your Organization <i>(Please List Activities)</i>			
_____	____%	____%	_____
_____	____%	____%	_____
_____	____%	____%	_____
_____	____%	____%	_____
Other Sources <i>(Please Specify)</i>			
_____	____%	____%	_____
_____	____%	____%	_____
_____	____%	____%	_____
_____	____%	____%	_____

Time Frame

19. Please estimate realistic time frames from inception to completion of this project for each category listed below. Fill in actual dates (Month/Year)

	<u>Start</u>	<u>Anticipated Completion</u>
Fund-raising	____/____	____/____
All necessary approvals	____/____	____/____
Project (i.e., ground breaking, services provided to community, etc.)	____/____	____/____

20. If your request is approved, The Bedell Fund will issue checks only when the project is underway and you need to pay bills. Please give us an idea of when you think incremental payments, (payment milestones) might be appropriate as your project proceeds.

Monitoring Effectiveness

21. Please describe any plans you have to evaluate the success of your project, once completed.

Other Information

22. How did you first hear about the Bedell Fund?

23. Once you had the application, what was the key factor in your decision to apply?

24. Please describe any other dreams or projects for which you might reapply to Bedell in the future?

25. Please describe any opportunities for St. Matthew’s parishioners to have “hands-on” involvement in this project or any other programs you might have.

