

OUTREACH and GRANT APPLICATION FORM
Saint Boniface Episcopal Church
5615 Midnight Pass Road
Sarasota, FL 34242
941/349-5616

1. Name of the program:
If applicable, name of Saint Boniface parishioner initiating this proposal:

2. Describe the program, including its need within the community, expected outcomes, how it will be structured, who will oversee it and his/her qualifications.

What other organizations/resources will you partner with for this program?

How is the organization's work, and this program in particular, unique in the community?

If applicable:

Describe the level of participation and leadership requested of Saint Boniface parishioners: _____

Names of parishioners committed to the program:

Describe the plan for recruiting additional parishioners: _____

Grant Application Form –page 2

3. Briefly describe the organization, including its history, mission, current programs and list of members of the board of directors: _____

What affiliation does this program have to a religious, not-for-profit, or other organization? _____

4. Amount of funding requested: \$ _____
Other resources and support requested: _____

For what period of time: _____

What is the life expectancy of the program? _____

5. Provide an itemized, detailed budget for the program. List all sources of funding, including other requests for funding you have made.

6. As a condition of accepting a grant from Saint Boniface Foundation for Outreach, you will be asked to submit a program report and financial expenditures report. Describe any self-evaluation process the program has: _____

Describe any objective evaluation the organization participates in: _____

7. Contact information:
Name of person who can answer questions about this request: _____
Address: _____
Telephone: _____ Fax: _____
e-mail address: _____