

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

Application Date: _____

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:

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: _____

8. Should a grant be awarded, please provide information where funds should be sent, and to whose attention.

Name: _____

Title/Role: _____

Address: _____

Telephone: _____ Fax: _____

e-mail address: _____