

ST. PHILIP'S EPISCOPAL CHURCH

P.O. Box 10476
Southport, North Carolina 28461
(910) 457-5643

OUTREACH GRANT APPLICATION

APPLICANT: \_\_\_\_\_ EIN# \_\_\_\_\_
(If Applicable)

ADDRESS: \_\_\_\_\_
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PROJECT SUMMARY: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

PROJECT GOALS: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

PROJECT TIMETABLE: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

TOTAL PROJECT COST: \_\_\_\_\_ GRANT AMOUNT REQUESTED: \_\_\_\_\_

TIME & TALENT REQUESTED (#PERSONS/HOURS & DAYS) \_\_\_\_\_

OTHER SOURCES OF FUNDING FOR PROJECT: \_\_\_\_\_

\_\_\_\_\_

if the Mission Fund is unable to fund your request in total, what is the minimum amount of funding which would still allow the project goals to be accomplished?

\_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE SIGNATURE: \_\_\_\_\_



Date Considered: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_