

GRANT REQUEST FORM (rev.3/10)

Name of Organization _____

Address _____

Telephone Number _____ Fax No. _____

Email Address _____ Website _____

Federal Tax Exemption Classification _____

Federal Tax Determination Date _____

Contact Person _____

Contact person's phone number _____

I. Funding Information. **Amount Requested** _____

List funding your organization received in the previous twelve months including any Monies received by St. Andrew's Episcopal Church.

Name of funding Organization	Amount Received
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II. Project Financing.

- A. What percentage of your revenue applies to program activities?
- B. What percentage of your annual revenue does this grant represent?
- C. Describe why you need funding.

III. Advocate Status.

- A. Does your organization have a Saint Andrew's or CMB advocate/sponsor? List name _____
- B. What position does the advocate hold in your organization _____
- C. How many hours per month does this advocate volunteer?

- D. How long has the advocate volunteered in your organization?

IV. Organization Information.

- A. Is your organization a program within Saint Andrew's Episcopal Church? ____ If yes, state the year the program was developed.
- B. Provide a brief description of the organization including the organization's mission, objectives, and history.
- C. Describe the program activities, the need/situation that the program addresses and describe the specific population that will be served. Include the municipality in which activities are conducted. Is this a new program, a continuing program, or a one-time project?
- D. Describe the program objectives and intended results.
- E. How are results measured and by whom?

V. Application Requirements. The following items must be included with the application form. If your organization does not have any of these items, please tell us so that we know your application is complete.

- A. A copy of the organization's latest audited financial statement. If your organization does not have audited financial statements, state why and include other documentation of financial position.
- B. A copy of the organization's latest annual report. If your organization does not have an annual report, state this clearly and include other summaries/descriptions of program services for the past year.
- C. A copy of the organization's IRS 501© (3) letter.
- D. A list of the current board of directors.

AGREEMENT AND INDEMNIFICATION

You agree that you will use any grant that the Community ministries Board of the ECW of Saint Andrew’s Episcopal Church may award you in the ways described in this application and in compliance with appropriate law.

The Community Ministries Board of the ECW of Saint Andrew’s Episcopal Church of Saratoga, CA shall not be liable in any way, and you agree to indemnify and hold harmless the Community Ministries Board for any and all loss, claims, expenses, and damages arising out of, resulting from, or in connection with an actions you may take or fail to take in connection with any grant and the project described in this application.

Applicant Name _____

Applicant Signature _____

Title of Applicant _____

Name of Organization _____

Date of Application _____