

ST. MICHAEL'S EPISCOPAL CHURCH
COMMUNITY OUTREACH GRANTS
GRANT PROPOSAL FORM

TO BE SUBMITTED ELECTRONICALLY BY JANUARY 3, 2022

Limit proposal to five pages. Additional instructions are provided in italics and may be deleted from the final proposal. Send to Outreach@stmichaelsbristolri.org

I. ORGANIZATION INFORMATION

Name:

Physical Address:

Mailing Address:

Website:

Phone:

Exec. Director's Name:

Email:

Phone:

Grant Contact's Name:

Email:

Phone:

A. Mission:

B. Geographic area served:

C. Services offered:

D. History / background:

E. Population served:

F. Total annual budget of organization: \$

1. Percent of budget designated for programs:

2. Percent of budget designated for overhead and fundraising: (*If more than 20%, explain.*)

II. PROGRAM INFORMATION

A. Name of Program:

B. Goal of Program:

C. Description of program: *(Describe services offered, population served, staffing, and one-time or ongoing effort)*

Evidence of need for program: *(Include data that demonstrate the need, and cite data sources.)*

Description of how St. Michael's grant funds would be used: *(See Proposal Instructions for limits on use of funds.)*

Evidence of program success: *(If proposal is for the continuation or expansion of an existing program, provide evidence of past success, such as output and outcome data. If proposal is for a new program, describe how success will be measured.)*

Program Manager's name, title, and qualifications:

Plans for sustaining proposed program after St. Michael's funds are expended:

III. BUDGETS

A. Organization budget: *(Provide a budget that includes revenue sources and expenses for the agency.)*

B. Program budget: *(Provide a budget for the program that the St. Michael's grant would support. Include revenue sources and expenses.)*