



ST. MARGARET'S CHURCH

ANNAPOLIS • MARYLAND • ESTABLISHED 1692

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Initial Parishioner Mission Application

Name of Parishioner submitting this application:

Date (mm/dd/yyyy):

Program/Project involving the parishioner applicant:

Parishioner's relationship to the program/project:

Parishioner's e-mail:

phone:

Mailing address:

Has this program/project received assistance of any kind (donations, grants, funding, supplies, volunteers etc.) from St. Margaret's Church in the past? (*List complete as possible*)

When?

What type and amount of support was received?

Brief description of the Program/Project needing support (75 words or less):

Which of our mission priorities (listed below) best describes the intention of the program/project. *(Please check what applies)*

- A. Endow the poor and hungry with the means to feed, shelter and clothe themselves**
- B. Restore the ill to health and heal the broken**
- C. Promote, preserve, and sustain environmental health**
- D. Improve access to educational opportunities**

Describe how the program/project would be a match for our mission priorities:

Describe any existing or past relationship this program/project has with St. Margaret's Church:

**Are you seeking a long-term commitment from our church members?
If yes, explain:**

Are you asking us for financial support? Yes No

Amount?

How would you use our financial support?

When is the money needed? (include, if necessary, an expense timeline)

If we can provide only partial funding, what will you do?

Where else have you applied for funding?

Explain how your program/project will be supported after the funding you request from St. Margaret's is exhausted.

Are you asking us for volunteers?	Yes	No
How many volunteers?		
Job descriptions?		
When?		

Geographic area served:

Population served by this program/project (25 words or less- include age, race, ethnicity, income level etc.):

What other organizations/groups are supporting this program/project?

Identify any other collaborating programs/organizations:

How do you measure the success or lack of success of this program?

Date Submitted:

PROPOSED BUDGET FOR PROGRAM/PROJECT

Distinguish between money anticipated from St. Margaret's and other funding resources if there are other funding sources for the same project. Add up total dollar amounts in each category and note totals at the bottom of each dollar column. *Be as detailed as possible.*

PROGRAM/PROJECT REQUESTING SUPPORT:

List (name) of Program/Project Components	Program/Project Budgeted Costs	Funds from Other Resources	<u>St. Margaret's Funds</u> (if to be applied)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Staff Positions (If applicable to project)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Operating Cost Components (If applicable to project)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS	_____	_____	_____

Additional Budget Comments:

Budget information submitted by:

Date: