



# ST. MARGARET'S CHURCH

ANNAPOLIS • MARYLAND • ESTABLISHED 1692

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## *Parishioner Mission Application* *In-House Programs*

**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:**

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

**The number of parishioners involved in the program and their responsibilities:**

## 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:**

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

**Additional Budget Comments:**

Budget information submitted by:

Date: