



ST. MARGARET'S CHURCH

ANNAPOLIS • MARYLAND • ESTABLISHED 1692

2020 ST. MARGARET'S CHURCH GRANT APPLICATION

Name of Applicant Organization/Program: _____

Location Address: _____

Preferred Mail/PO Box Address (if used): _____

Program/Project Website: _____

Contact Name: _____ Position/Title: _____

Contact Phone #(s): Office: _____ Cell: _____

Contact e-mail(s) to use for this grant process: _____

Amount requested from St. Margaret's for 2020 Grant: _____

Applicant Organization of Program/Project Mission Statement (50 words or less)

Number of Employees: _____ Full time _____ part time

Number of Volunteers: _____

Total of Organization Budget: _____

Name of Program/Project Needing St. Margaret's support:

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

Which of our mission priorities (refer to our guidelines) best describes the intention of the program/project described above? (Please check or underline one or more.)

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

Specifically, how would you use the grant proceeds to support the program/project? If this request is for two-year funding, please discuss how the second-year funding will impact those served in the program or project.

Geographic area served by program/project: _____

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

How does/will this program/project empower the population/community it serves?

Is this program/project in progress? or When will this program/project begin?

Is there a termination date? If so, when? _____

In what way, if any, will your organization develop and sustain relationships with those who will benefit from this grant?

How will you measure and evaluate the effectiveness of the program/project following implementation and use of the grant proceeds?

What organizations/groups currently give your organization support?

What other organizations (corporations, congregations, etc.) if any, collaborate with you on this program/project? You can include pro-bono support.

Where else have you applied for funding for this program/project? (If you are selected for final consideration, you will be asked specifically to update any funding from this list.)

If St. Margaret's Church can provide only partial funding, what will you do?

Explain how this program/project will be sustained, or not, after the funding you are requesting from St Margaret's is exhausted.

Do you have a multi-year plan for this project? Please describe and include future funding possibilities.

Would assistance from the congregation of St Margaret's Church, other than a financial grant, be realistic or practical at this time and in what way? Do you welcome and or need volunteers? (How many people or hours?) Please explain:

In the past, did you or your organization/program *request* support of any kind (donations, grants, funding, supplies, volunteers etc.) from St Margaret's Church? (Yes) or (No)

What year(s)? _____
Specify type and amount of support and purpose:

In the past, did you or your organization/program *receive* support of any kind (donations, grants, funding, supplies, volunteers etc.) from St Margaret's Church? (Yes) or (No)

What year(s)? _____
Specify the type and amount and purpose of support received?

Select any of the categories from the following definitions that best describe this grant request. We are interested in how you categorize your request.

- Capacity Building** - Capacity building proposals are for enhancing or building the capacity of an organization - actions that improve nonprofit effectiveness by gaining technology, staff training and development, technical assistance for financial systems development, etc.
- Capital Campaign** - An organized drive to collect and accumulate substantial funds to finance major needs of an organization such as a building, major repair project, or building endowment.
- General Operating Support** - A request not for a specific project but rather to support all activities for the fiscal year - sometimes known as unrestricted grants.
- Multi-Year Project** - This proposal seeks support for a project that extends beyond one year
- Program Support** - A request for funding for an existing or new program.
- Start-up Support** - Start-up support to establish a new organization or project.
- Time or Talent** - Time and Talent, with or without funding, is requested.

Please share with us specifically how you learned about the St Margaret's Grant program?

Name and title of individual submitting this application: _____

Signature of person named above: _____

Date Submitted: _____

Name of Applicant Individual or Organization: _____

**ST. MARGARET'S CHURCH GRANT APPLICATION
2020 PROPOSED BUDGET FOR PROGRAM/PROJECT**

Applicant: _____ Funding Request: \$ _____

Distinguish between money anticipated from St. Margaret's and other funding resources expected for the same project. Add up total dollar amounts in each column and note totals at the bottom of each. If you are requesting 2-year funding, **please delineate the use of funds for each year**. Please be as detailed as possible and identify what is applicable to your Program/Project.

Program/Project Components	Budgeted Cost	Known Fund Source - Year 1	Known Fund Source - Year 2	SMC Funds
e.g., rain barrels	_\$5,000_	_\$1,500_	_\$1,000_	_\$2,500_
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Staff Compensation
(If applicable to project)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Operating Costs
(If applicable to project)

consumer literature	\$1,500	-0-	-0-	\$1,500
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Column TOTALS	\$6,500	\$1,500	\$1,000	\$4,000
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Additional Budget Comments (additional budget sheets may be attached)

Budget information submitted by: _____ **Title:** _____

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Required Documents Checklist

Applications must include all the following required documents:

Check the applicable non-profit status document that is being attached:

- 501(c)(3) Organizations submit most recent IRS Form 990
- Copy of IRS determination letter showing nonprofit status
- Copy/document from the applicant's nonprofit fiscal sponsor, if applicable
- Organization's annual budget for the *current* year
- Names and addresses of officers/governing board
- Organization's most recent financial statement
- Additional Information that might be helpful. Please describe. Only one copy is necessary!

Do you have a reliable and secure access to organization funds? ___ If you receive funding from St. Margaret's, you will be asked to provide the name and address of organizational United States financial institution or, if an international organization, bona fide wire instructions.

Applicant's signature confirming
that the above documents are attached.

Date