

The Episcopal Diocese of Ohio
The Bishop's Annual Appeal
2230 Euclid Avenue
Cleveland, OH 44115

2017 SUMMER YOUTH MISSION TRIP GRANT

APPLICATION FORM

Deadline: May 31, 2017

Program Title: _____

Parish Name(s): _____

Address: _____ **City:** _____ **Zip:** _____

Phone: (_____) _____ **email:** _____

Contact Person: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: (_____) _____ **email:** _____

All youth leaders must have a background check and have received Safeguarding God's Children Training.

Provide the youth leader's name, date of training and date of background check below. (Background checks are available by contacting Rita Rozell. 216-774-0460. Contact Mary Ann Semple, 216-774-0442 for Safeguarding God's Children Training information)

Project Description:

Program Begin Date: _____ **End Date:** _____

Estimated number of youth to be served: _____ **from ages** _____ **to** _____

How will you publicize the program?

Amount Requested: \$ _____

Application must be returned with Budget Form.

Applications may be emailed to Antoinette Taylor ataylor@dohio.org or mailed to the following address:
Antoinette Taylor, Mission Office, 2230 Euclid Avenue, Cleveland, OH 44115

Diocese of Ohio
The Bishop's Annual Appeal
Program Budget

To be used for all Youth Mission Trip and Summer Children/Youth Program grant application.

Income

Episcopal Diocese of Ohio Funding	\$ _____
Parish Budget Funds	\$ _____
Parishioner Contributions	\$ _____
Individual Donations	\$ _____
Other Donations	\$ _____
Fundraising Events	\$ _____
Parish Donations	\$ _____
Miscellaneous	\$ _____

TOTAL

\$ _____

EXPENSES

Transportation, including gas and tolls	\$ _____
Meals	\$ _____
Program, including supplies	\$ _____
Lodging	\$ _____
Other, be specific	\$ _____

TOTAL

\$ _____

2017 SUMMER YOUTH MISSION TRIP PROJECT REPORT FORM

Please complete and return to Antoinette Taylor by Sept. 15, 2017 with the program budget. Thank you.

Program Name: _____

Sponsor Parish: _____

Contact Person: _____ **Phone:** _____

Contact Person Email: _____

Explanation of how objectives were achieved:

How many people were served or affected by this program?

How were funds used?

Please attach program income and expense statement.

Signature of Contact Person

Date

You are encouraged to include one letter-sized copy of program photographs. Emailed digital photos are encouraged.

Please email your form to Antoinette Taylor at ataylor@dohio.org. You also can mail in your report along with any pictures to: The Episcopal Diocese of Ohio, Mission Office, 2230 Euclid Avenue, Cleveland, OH 44115. If you have questions, please feel free to call at 216-774-0476.