

**Diocese of Ohio**  
**Episcopal Community Services**  
**2018 GRANT APPLICATION**  
***Deadline: September 30, 2017***

**Grant Application for Programs Administered by an Episcopal Parish or Episcopal Sponsored Agency**

*ECS strives to foster ministries organized by and/or supported by as many congregations as possible. We give priority to applications from Episcopal congregations in the Diocese of Ohio. We also encourage applications from collaborative community initiatives with active Episcopal involvement that serve the needs of the community and educate and advocate for systemic change.*

**Requested Amount for 2018: \$**

**I. Contact Information**

**Program Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parish/Agency Name:** \_\_\_\_\_

**Parish/Agency Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Please indicate whether this is a new or existing program:**    New        Existing   

**Please indicate whether this is a new or existing grant:**    New        Existing   

**Please specify the last three years of funding and the amount(s) the program has received through ECS (include each year and amount):** \_\_\_\_\_

**Name of Program Director:** \_\_\_\_\_ **Signature of Program Director:** \_\_\_\_\_

**Sponsoring Episcopal Parish:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Episcopal contact person for this program:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Estimated number of Episcopalians involved:**    \_\_\_\_\_ **Staff**    \_\_\_\_\_ **Volunteers**

**Estimated number of other (non-Episcopal):**    \_\_\_\_\_ **Staff**    \_\_\_\_\_ **Volunteers**

**Number of people you expect to serve in 2017 through this program:** \_\_\_\_\_

**Other Sponsors/Partners:** \_\_\_\_\_

## II. Program Narrative (please keep within 2 pages)

### A. Who will the program serve and what need(s) will be addressed?

1. Briefly cite local data to document need: include demographics (economic, cultural/ethnic, educational, language specific, etc.)
2. If this requested grant amount is greater than in previous years, explain the reason for the increased request
3. Give a clear and practical statement of the program and its goals
  - Explain the services offered
  - Tell how these services will produce the expected impact

### B. How will you evaluate this program?

1. Cite any statistics or data that illustrate the impact of your program
2. Explain your target for success
3. Include plans to publicize the program to reach potential recipients

### C. How does the program collaborate with other groups and /or congregations in the community?

*(This is optional for parish-based programs)*

1. Tell how this program provides a unique service or how it complements other programs that respond to the same need
2. List the churches or agencies with whom you collaborate. *You may include letter(s) of support outlining the details of your collaborative effort(s)*

### D. **NON PARISH BASED PROGRAMS ONLY:** How does the sponsoring parish support the program?

**You MUST have a letter of support from the sponsoring parish's rector or senior warden.**

1. Give numbers and details regarding paid staff and volunteers who are from the sponsoring parish and explain their roles
2. Provide details of the financial or in-kind contributions from the sponsoring parish
3. Include any plans for educating and / or increasing the involvement of the parish

### E. Budget

Use the ECS program budget form to show 2017 projection, 2017 YTD actual, and 2018 proposed budget funding is requested in the grant application

1. **Revenue:** List all sources of support for the program and the amount of support in the provided lines, including sources and descriptions of any in-kind support received (do not list in-kind contributions in the revenue total)
2. **Expenses:** Include the cash expenditures that the program will incur (do not list in-kind contributions as an expense)

## III. Grant Application Package deadline: September 30, 2017.

Grant Application Package may be submitted electronically to [ataylor@dohio.org](mailto:ataylor@dohio.org).

For your application to be considered complete: Parish Based Programs should include Items 1 - 4 only!  
Non Parish Based Programs must include Items 1 – 8.

*Applications with missing items or less than the prescribed number of copies may not be considered for funding.*

1. Application cover sheet with complete contact information and signature
2. Program narrative (Please keep to within 2 pages.)
3. Program current budget and proposed budget. Use enclosed ECS forms.
4. Letter of Episcopal support from Parish Rector and/or Warden
5. Most recent program audit or financial statement (IRS 990 form is acceptable)
6. List of Board of Directors
7. Sponsoring agency's budget (if applicable)
8. IRS letter designating 501c(3) status of program or sponsoring agency

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Please mail applications to: **Antoinette Taylor**  
**Diocese of Ohio**  
**Episcopal Community Services**  
**2230 Euclid Avenue**  
**Cleveland, OH 44115**

Or email to: [ataylor@dohio.org](mailto:ataylor@dohio.org)

**Diocese of Ohio**  
**Episcopal Community Services**  
**PROGRAM BUDGET**

*To be used for Episcopal Community Services grant application.*

<b>BUDGET YEAR</b>	From: _____	To: _____	
<b><u>REVENUE</u></b>	<b><u>2017 Projection</u></b>	<b><u>2017 YTD Actual</u></b>	<b><u>2018 Proposed</u></b>
	<b>(Full Year)</b>	<b>(thru 6/30/2017)</b>	<b>(Budget)</b>
Episcopal Diocese of Ohio Funding	\$ _____	\$ _____	\$ _____
Parish Budget Funds	\$ _____	\$ _____	\$ _____
Parishioner Contributions	\$ _____	\$ _____	\$ _____
Other Denominational Funding	\$ _____	\$ _____	\$ _____
Corporate /Foundation Donations			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Government Grants			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
United Way	\$ _____	\$ _____	\$ _____
Individual Donations	\$ _____	\$ _____	\$ _____
Fundraising Events	\$ _____	\$ _____	\$ _____
Earned Income	\$ _____	\$ _____	\$ _____
Program Revenue	\$ _____	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____	\$ _____
Other Donors	\$ _____	\$ _____	\$ _____
<b><u>TOTAL REVENUE:</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b><u>EXPENSES</u></b>			
Personnel – (includes benefits)	\$ _____	\$ _____	\$ _____
Rent/Utilities to _____	\$ _____	\$ _____	\$ _____
Telephone/Internet	\$ _____	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____	\$ _____
Equipment Purchases	\$ _____	\$ _____	\$ _____
Equipment Rental	\$ _____	\$ _____	\$ _____
Printing / Postage	\$ _____	\$ _____	\$ _____
Fundraising Expenses	\$ _____	\$ _____	\$ _____
Direct Program expenses	\$ _____	\$ _____	\$ _____
<i>(Program expenses are expenses directly related to the delivery program)</i>			
<b><u>OTHER EXPENSES</u></b> <i>(Please itemize below)</i>			
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
<b><u>TOTAL EXPENSES:</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b><u>NET REVENUE (LOSS):</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Please indicate how any net revenue would be utilized (for example, carried forward to the next year), or how any loss would be covered.