

Episcopal 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:** _____

Brief Program Description: _____

Parish/Agency Name: _____

Parish/Agency 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

Percentage of Seniors your program serves (over 60 years old)? _____

Please specify the last three years of funding and the amount(s) the program has received through ECS (include each year and amount): 2015: \$ _____ 2016: \$ _____ 2017: \$ _____

If you received an ECS grant in 2017, did you submit an Interim Report? Yes _____ No _____

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 Episcopalian Volunteers: _____ **Estimated number of Other volunteers:** _____

Number of people you expect to serve in 2018 through this program: _____

Other Sponsors/Partners: _____

Parish Based Program ECS Grant Application Requirements

II. Contact Information (Application Cover Sheet)

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
4. Cite any statistics or data that illustrate the impact of your program
5. Include plans to publicize the program to reach potential recipients

B. How will you evaluate this program?

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

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)*

III. Budget

Use the ECS program budget form to show 2017 projection, 2017 YTD actual, and 2018 proposed budget funding.

1. **Revenue:** List all sources of support for the program and the amount of support in the provided lines
2. **Expenses:** Include the cash expenditures that the program will incur

IV. Letter of Episcopal Support (from Parish Rector and/or Sr. Warden)

ECS Grant Application Package deadline: September 30, 2018.

Please mail applications to: **Diocese of Ohio - ECS**
Attn: Antoinette Taylor
2230 Euclid Avenue
Cleveland, OH 44115

Or email to: ataylor@dohio.org

Non-Parish Based Program ECS Grant Application Requirements

I. Contact Information (Application Cover Sheet)

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
4. Cite any statistics or data that illustrate the impact of your program
5. Include plans to publicize the program to reach potential recipients

B. How will you evaluate this program?

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

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)*

III. Budget

Use the ECS program budget form to show 2017 projection, 2017 YTD actual, and 2018 proposed budget funding.

1. **Revenue:** List all sources of support for the program and the amount of support in the provided lines
2. **Expenses:** Include the cash expenditures that the program will incur

IV. Letter of Episcopal Support (from Parish Rector and/or Sr. Warden)

V. Audit or Financial Statement (IRS 990 form is acceptable)

VI. List of Board of Directors

VII. Sponsoring Agency's Budget (if applicable)

VIII. IRS Letter designating 501c(3) status of program or sponsoring agency.

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Episcopal Diocese of Ohio
Episcopal Community Services
PROGRAM BUDGET (Parish and Non Parish Based)
To be used for Ecumenical Community Services grant application.

BUDGET Calendar Year (Jan. – Dec.): _____ **OR** From: _____ To: _____

<u>REVENUE</u>	<u>2017 Projection</u> (Full Year)	<u>2017 YTD Actual</u> (thru 6/30/2017)	<u>2018 Proposed</u> (Budget)
Episcopal Diocese of Ohio Funding	\$ _____	\$ _____	\$ _____
Other Denominational Funding			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Corporate /Foundation Donations			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Government Grants			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other Donors	\$ _____	\$ _____	\$ _____
United Way	\$ _____	\$ _____	\$ _____
Individual Donations	\$ _____	\$ _____	\$ _____
Fundraising Events	\$ _____	\$ _____	\$ _____
Program Revenue	\$ _____	\$ _____	\$ _____
<u>TOTAL REVENUE:</u>	\$ _____	\$ _____	\$ _____
<u>EXPENSES</u>			
Personnel – (direct plus program personnel)	\$ _____	\$ _____	\$ _____
Rent/Utilities to _____	\$ _____	\$ _____	\$ _____
Other Direct Program Expenses	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<i>(Program expenses are expenses directly related to the delivery program)</i>			
<u>TOTAL EXPENSES:</u>	\$ _____	\$ _____	\$ _____
<u>NET REVENUE (LOSS):</u>	\$ _____	\$ _____	\$ _____

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