

**The Episcopal Diocese of Ohio  
The Bishop's Annual Appeal**

*Please check the appropriate box*

Applying for:  **2018 Summer Youth Program Grant (maximum \$500)**

**2018 Summer Youth Mission Trip Grant**

**Deadline: May 31, 2018**

**Requested Amount: \$ \_\_\_\_\_**

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

**Parish Name(s):** \_\_\_\_\_

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

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **email:** \_\_\_\_\_

**Program Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Estimated number of youth to be served:** \_\_\_\_\_ **from ages** \_\_\_\_\_ **to** \_\_\_\_\_

**On a separate paper, include in the following order:**

1. Program Description include goals.
2. Plan to achieve goals
3. Description of how the Episcopal Church or its members are involved with program.
4. Describe the collaboration with other Episcopal parishes.
5. Provide a list of the Safeguarding God's Children certification date, name and parish for all program leaders and volunteers involved with this program.
6. Program budget (use enclosed form).

All program leaders and volunteers are required to Safeguarding God's Children training. If you or others in your program need Safeguarding God's Children training or need your 3 year re-certification, please email Mary Ann Semple at [resourcelibrary@dohio.org](mailto:resourcelibrary@dohio.org).

**Application must be returned with Budget Form.**

Applications may be emailed to [grants@dohio.org](mailto:grants@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** \$ \_\_\_\_\_

# 2018 SUMMER YOUTH REPORT FORM

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*Please check the appropriate box*

**2018 SUMMER YOUTH PROGRAM**

**2018 SUMMER YOUTH MISSION TRIP**

*Please complete and return to Antoinette Taylor by Sept. 15, 2018 with the program budget. Thank you.*

**Program Name:** \_\_\_\_\_

**Sponsor Parish:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Explanation of how objectives were achieved:**

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**How many people were served or affected by this program?**

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**How were funds used?**

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**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 use the attached Episcopal Diocese photo/video release form.*

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*Please email your form to Antoinette Taylor at [grants@dohio.org](mailto:grants@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.*

