



EPISCOPAL CHURCH WOMEN
Episcopal Diocese of New York

CHRISTIAN SOCIAL CONCERNS COMMITTEE
APPLICATION FOR A PROJECT GRANT

NAME OF PROJECT: _____

CONTACT: _____

PARISH NAME: _____

PARISH ADDRESS: _____

E-MAIL: _____ PHONE #: _____

Respond to statements/questions on a separate sheet of paper where appropriate:

1. List the goals and objectives of the Project in order of priority. Include the population and number of persons who will be served or are being served by the Project.
2. Give a brief description of action to achieve goals and objectives.
3. How and by whom is your project administrated and evaluated?
4. List other sources of income. Attach a copy of your present/proposed budget.
5. Why is the money needed? What will happen if you do not receive it?
6. Amount requested: \$ _____

Signature: Position / Title: _____

Clergy in charge signature: _____

Please send completed form to:

Ms. Valrie Payne
4368 De Reimer Avenue
Bronx, NY 10466
Intelstar12@yahoo.com

ONLY THE OFFICIAL APPLICATION WILL BE ACCEPTED