See grant application guidelines at christchurchanacortes.org/Ministries/Outside Church Walls

A) ORGANIZATION SEEKING FUNDING				
Name:				
Address:				
City: S	tate:	Zip:		
Phone:	Web site:			
Contact Person:	Title:		E-Mail:	
B) PROJECT / PROGRAM TITLE:				_
Project / Program date or time frame				
C) PROPOSAL INFORMATION				
Please provide here or attach:				
Population to be served (e.g., senior citizer	ns): Numbe): Number of individuals to be served:		
	Geogra	phic area to	be served:	
D) BUDGET INFORMATION				
z, zozez mionium nom				
Grant amount requested: \$				
			_	
Funds are needed for: Capital	General Operating	g support _	Start-up costs	
Project/program support Oth	ier (explain)			
Total Budget for this Project/Program:	\$			
Funds available to date:	\$			
Balance to be raised:	\$			
Primary source(s) of current and future fur				
	6.			
Long term strategy (if applicable) for susta	ining project/progr	am funding	:	

QUALIFYING INFORMATION This organization is (fill in all that apply):					
Public Agency / Unit of Government:					
an IRS Non-profit: EIN #					
a WA State Non-profit : UBI #					
Using the following Non-profit Umbrella Organization:					
Name of Organization:					
Address:	Phone:				
EIN or UBI#:	Contact Person:				
F) MISSION STATEMENT					
Please provide here or attach:					
G) PAYMENT INFORMATION (If your project is selected for Make check payable to: Mail to: Address:	funding)				
H) SUBMITTAL AUTHORIZATION					
Name of Person Completing Grant Application:					
Title Email and/o					
Signature (not necessary if emailed):	Date Submitted:				
Please email this application to Deacon Eric Johnson at Deac	onEricJ@gmail.com:				
Or, if you have no email capability, mail to Community Support Committee c/o Deacon Eric Johnson Christ Episcopal Church 1216 Seventh St, Anacortes, WA 98221					

This form is available as a downloadable .PDF file or in a Microsoft Word document.docx file at our website: www.ChristChurchAnacortes.org or by email request to DeaconEricJ@gmail.com.