

**Diocese of Ohio  
Episcopal Community Services**

**2018 CHURCH HOME GRANT APPLICATION**

*All Church Home grants are to be used for the provision of services to the needy elderly population.*

**Amount of 2018 Request: \$ \_\_\_\_\_**

**Semi-Annual Application Cycle:  1 due May 15  2 due October 15**

**I. Contract 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 renewal grant: New  Renewal

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): 2016: \$\_\_\_\_\_ 2017: \$\_\_\_\_\_ 2018: \$\_\_\_\_\_

If you received a Church Home 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: \_\_\_\_\_

Is your Episcopal involvement limited to board membership?  Yes  No

Number of elderly people you expect to serve in 2018 through this program: \_\_\_\_\_

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

# Parish Program Church Home 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. 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
  - Describe your specific involvement and investment in the program.
  - How will this program integrate spiritual reflection and formation? (i.e. Bible study, prayer, and theological reflection)
2. Briefly cite local data to document need: include demographics (economic, cultural/ethnic, educational, language specific, etc.)
3. If this requested grant amount is greater than in previous years, explain the reason for the increased request
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?

1. Include your benchmarks for success.

### 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

- A. Use the Church Home program budget form to show Current Budget year (full year projection), YTD actual (include number of months if applicable), and Grant Year budget.
  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)

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Please mail applications to: **Diocese of Ohio – ECS**      or      **Email to:** [grants@dohio.org](mailto:grants@dohio.org)  
Attn: Antoinette Taylor  
2230 Euclid Avenue  
Cleveland, OH 44115

**IF YOU DO NOT RECEIVE AN ACKNOWLEDGENT THAT WE HAVE RECEIVED YOUR APPLICATION WITHIN TWO WEEKS AFTER DEADLINE, PLEASE CALL ANTOINETTE TAYLOR at 216-774-0476**

# Ecumenical and Community Program Church Home 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. 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
2. Briefly cite local data to document need: include demographics (economic, cultural/ethnic, educational, language specific, etc.)
3. If this requested grant amount is greater than in previous years, explain the reason for the increased request
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?

1. Include your benchmarks for success.

### 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

- B. Use the Church Home program budget form to show Current Budget year (full year projection), YTD actual (include number of months if applicable), and Grant Year budget.
  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. List of Board of Directors

## VI. Sponsoring Agency's Budget (if applicable)

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

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**Episcopal Community Services**  
**PROGRAM BUDGET**  
*To be used for Church Home grant applications.*

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

<b>REVENUE</b>	<b>Current Budget Year</b> (Full Year Projection)	<b>YTD Actual</b> (# Months _____)	<b>Grant Year</b> Budget
Parish Funding	\$ _____	\$ _____	\$ _____
Episcopal Diocese of Ohio Funding	\$ _____	\$ _____	\$ _____
Ecumenical Funding	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Corporate /Foundation Donations	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Government Grants	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other Donors	\$ _____	\$ _____	\$ _____
United Way	\$ _____	\$ _____	\$ _____
Individual Donations	\$ _____	\$ _____	\$ _____
Fundraising Events	\$ _____	\$ _____	\$ _____
Program Revenue	\$ _____	\$ _____	\$ _____
<b>TOTAL REVENUE:</b>	\$ _____	\$ _____	\$ _____

<b>EXPENSES</b>			
Personnel – (direct plus program personnel)	\$ _____	\$ _____	\$ _____
Rent/Utilities to _____	\$ _____	\$ _____	\$ _____
Other Direct Program Expenses	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

*(Program expenses are expenses directly related to the delivery program)*

**TOTAL EXPENSES:**    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

**NET REVENUE (LOSS):**    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

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

Auditor IRS 990 form or Financial Statement available upon request.

This is a Parish based program and we have submitted our Parochial Report.