

**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)

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

IF YOU DO NOT RECEIVE AN ACKNOWLEDGMENT 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: _____

<u>REVENUE</u>	<u>Current Budget Year</u> (Full Year Projection)	<u>YTD Actual</u> (# Months _____)	<u>Grant Year</u> 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	\$ _____	\$ _____	\$ _____
<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.

☐

Auditor IRS 990 form or Financial Statement available upon request.

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