



Episcopal Community Services of the Diocese of New Jersey

**GRANT APPLICATION
FALL 2022**

Application Deadline: September 9, 2022

Grant Amount: \$7,000 - \$15,000

Grant Period: 12 months

How much money are you requesting that Episcopal Community Services of the Diocese of New Jersey grant your project?*

Section 1 - Congregation Information

Congregation Name*

Congregation Address*

Address Line 1

Address Line 2

City

ZIP Code

County

Convocation

Name of Rector/Clergy/Priest-in-Charge

Name of Senior Warden*

Church website

Church Facebook page

1. Have you ever received any outside funding (from the diocese, foundation, government, or any other source) for the focus of this grant?*

No

If yes, please describe that funding and how it was used, and the outcome of that project.

2. Please provide a copy of the two (2) most recent years' congregation annual reports by attaching them at the end of this application. If you must send separately please note that here.
3. Please include here anything you would like to add about your charity and justice ministries (outreach) that is not included in your Annual Report.

Main Contact Name for the project for which you are requesting funding*

Main Contact Email Address*

Main Contact Office Phone Number

Main Contact Mobile Phone Number

Main Contact Position/Title*

Section 2 - Grant/Project Description

Please give a definition for ALL terms that might not be familiar to those outside of the project so your grant readers can fully understand the need for it.

1. Project Name - Give the project a short, descriptive, and declarative title that captures the context, strategy, and measurable objective of the project*
2. Executive Summary - Please summarize the project within the space provided*
 - a) Describe the need you are planning to address,
 - b) how this need was identified
 - c) the ways in which this project advocates with/for the underserved and marginalized

d) What are the goals and objectives for the project? (The goal is a broad statement of what you hope to accomplish. The objective must be specific, measurable, and have a defined completion date.)

e) What are the demographics of the key target group(s) (e.g., age, special needs, ethnicity) with whom you will work? How many direct beneficiaries do you plan to serve?*

f). Is this a new project?* Yes/no

If no, please explain how the proposed activity expands or enhances the existing ministry in a significant way.

g). Will you be partnering with other organizations? Yes/no

If yes, what other organizations will you be partnering with to complete this project?

Describe your relationship with the organization(s) you will be partnering with as it relates to this project.

h). Who are the members of your project leadership team?

What qualifications do they have to lead this project?*

i). How will members of the congregation(s) be engaged in the project?

3. How will success be defined and measured for this project?*

How will you determine if the goal and objective have been met?*

4. Please provide a detailed timetable (at a minimum month by month) of activities for the grant period. It should include the location, specific tasks/strategies.*

Section 3 - Budget

The budget for the entire project should show all revenue sources (i.e. include money the parish is providing and money from other sources, such as donation of professional services, needed equipment). We expect a balanced budget (including your grant request), which will show how you plan to have enough funds to cover the costs of the project.

1. What is the total project cost? Enter the total budget amount of the project, not just the costs you are allocating to this grant.*

2. List other funders to which this current proposal has been or will be submitted.

For each funder indicate amount requested and status of request, i.e., request will be submitted, is pending, was funded or was declined. If funded, specify the amount of grant.*

3. Provide a Project Budget for your entire project*

4. Provide a Budget Narrative.

a. The budget narrative explains how the costs were estimated by line item or category, and it justifies the need for the cost.

b. If you plan to raise money, please tell us the total funds committed and the total funds pending. If the grant does not cover the total funds pending, please explain how you will fulfill the total amount.*

c).If this will be an ongoing program/project, describe plans and specific sources for future/long-term funding.

Section 4 - Responsible Parties and Signature

Rector or Clergy person-in-Charge (if applicable)

Program Director or Project Leader (if applicable)

Senior Warden (if applicable)

Treasurer (if applicable)

Authorized Signature

I, the undersigned, certify that all information in this application is complete, correct and true to the best of my knowledge and that I am authorized to sign this application on behalf of the officers listed above.

Title*