



## **SOCIAL SERVICE MINISTRIES GRANT APPLICATION – 2019**

Name of Agency/Ministry: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Director or contact person: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Director/Contact phone and e-mail : \_\_\_\_\_

Affiliated Congregation (if applicable) \_\_\_\_\_

### **Description of Agency**

501(c)(3) status: No \_\_\_ Yes\_\_\_ (applicable numbers)\_\_\_\_\_

**Vision and Mission Statements (please insert here or attach)**

**Amount of Grant requested for 2019:** \_\_\_\_\_

**Please describe in detail how these grant monies will be spent** *(please use additional page if needed)*

**Which special populations are served by your agency/ ministry or**

**program:** *i.e. economically disadvantaged, transitional (prison, foster care, refugees, survivors of human or civil rights discrimination), survivors of violence (including hate crimes, domestic violence, sexual assault), unemployed, youth or children at risk women and children in need or others?*

**What basic needs do you supply to the foregoing special population?**

**Please explain in detail:** *including, but not limited to: food, shelter, health care, child care, education, transportation, legal services, transitional care (prison, foster care, refugees), clothing, safety, and any other basic needs?*

**How would you measure and communicate the way in which you spent this grant?**

**What community partnerships do you have at the present time? Explain in detail the relationships.**

**Please list any other grant opportunities for which you may qualify and/or have applied.**

**Please identify any diocesan funded loans or grants that your congregation/agency has received within the last 5 years. (List dates, description of loan/grant and amounts).** *(Prior loans or grants are not a disqualifier for the Social Service grant).*

**Important: Please include your 2019 operating budget in detail with all revenues and income sources and a detailed list of your expenses projected for 2019. Also, include your most recently published annual report or other printed materials about your program or ministry (newsletter, brochure, etc.)**

Application Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

For Congregations:

This application is endorsed by:

Rector/Senior Warden: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ -

***Submission:***

***Applications and supporting documents will be accepted via email only. Please scan the completed application and supporting documents and submit via email***

*Please scan and return all requested materials no later than **March 1, 2019***

*to [jhardy@edomi.org](mailto:jhardy@edomi.org)*

***Canon Jo Ann Hardy, Diocesan Administrator, 4800 Woodward, Detroit, MI 48201***

***DO NOT MAIL YOUR APPLICATION. PLEASE SUBMIT VIA EMAIL ONLY***