

St. Peter's Church Lithgow
Outreach Committee

Application for Support in 2018¹

Name of Program

Affiliated Parish (if applicable)

If yes, Clergy-in-Charge Name (*if no clergy, warden(s)*)

Phone Number of Clergy-in-Charge or Warden (if applicable)

Email of Clergy-in-Charge or Warden (if applicable)

Program Director / Lead

Program Director Phone Number

Program Director E-mail

Program Mailing Address

Program Physical Address (if different from Mailing)

Program Website (if applicable)

Tax ID Number

Does the program have 501(c)3 status?

Yes

No

Support Requested:

Amount of Request for 2018

Total Expenses Budgeted,
for 2018 Fiscal Year

¹ If you are completing this form online, please use the most recent version of the Adobe Reader or your data will not be saved. *Tablet users:* please check that your PDF app is compatible with reader. For those who submitted a form in 2017, see top of page 2.

Note: Any Applicant who completed an Application to St. Peter's for 2017 may refer to information provided in that earlier Application for the remainder of this Application and need only provide any relevant updates.

Program Summary

Please provide succinct answers in the space provided. Answers may be elaborated in the application narrative.

What is the mission statement for the program? (limit of 1200 characters)

What services are provided to clients? (limit of 1200 characters)

What is the specific planned use of the funds requested? (limit of 1200 characters)

Program's Service Areas

check all that apply:

- Feeding – Food Pantry
- Feeding – Brown Bag Meal
- Feeding – Homebound Delivery
- Health & Wellness – Addiction and Recovery
- Health & Wellness – Eldercare
- Health & Wellness – Housing/Homelessness
- Health & Wellness – Sanctuary (Domestic)
- Skills Building – Immigrant Services
- Skills Building – Job Training
- Skills Building – ESL / Literacy
- Skills Building – Prison / Re-entry Services
- Other

Operating Hours

Days and hours of operation

Date program begins:

Date program ends

Service Numbers

Note: "Clients served" refers to the unduplicated number of individuals served by the program requesting a grant. We recognize that many programs do not officially track the number of individuals served. If that is the case for your program, please provide an estimate.

What is the target population served? Describe ages, demographics, special needs, etc.

Clients served, 2016

Clients served, 2017

Clients projected, 2018

Food pantries only:

Number of food packages distributed annually

Number of meals in a typical food package

Soup kitchens, brown bags and meal delivery programs only:

Number of meals served annually

How did you arrive at or track these numbers?

Staff and Volunteers

Number of paid staff, full time

Number of paid staff, part time

Total number of individual community members who volunteer in one year:

Average total number of volunteer hours donated per week:

Volunteer Needs

Does the program need volunteers? (if no, move to next page)

Yes

No

Can the program accommodate groups of volunteers?

If yes, how many in a group?

Yes

No

Please indicate minimum age for volunteers:

Please indicate any other requirements of volunteers (skills, etc.)

Please briefly describe available positions:

Contact name, phone number and e-mail for volunteering:

Application Narrative

Please type succinct (750 words or less) narrative responses to the questions in the five numbered categories below. Use the prompt questions to guide your narrative.

1. Needs Addressed

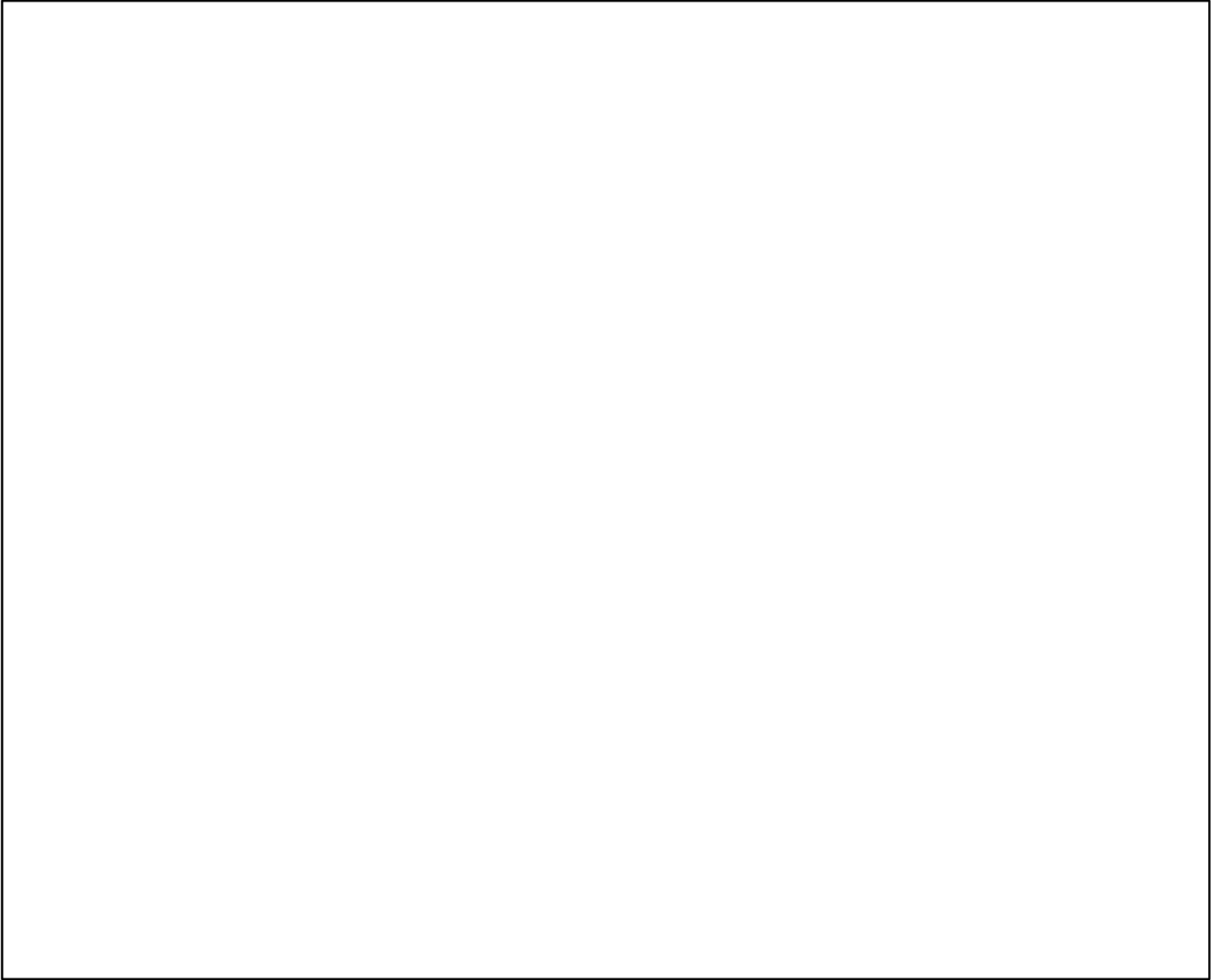
Describe the community need(s) your program seeks to address. How were these needs assessed?
What other community resources, if any, are available to meet these needs?

2. Program Description

What services are offered?
What communities and populations are served, and how does the program assess the needs of the community served?
How does the program change the lives of those served?

3. Evaluation and Goals

Briefly describe your goals and objectives for 2018. Describe how progress will be measured and what activities and strategies are in place toward meeting the goals.

A large, empty rectangular box with a thin black border, intended for the user to write their goals and objectives for 2018. The box is currently blank.

Vignettes (Optional)

In order to effectively support and promote programs like yours within St. Peter's parish, it is often helpful to have stories of individuals whose lives are changed or improved through the program. You are invited (but not required) to provide 1-3 short (250 word) stories that best illustrate the life-changing effect the program has had on a particular client or guest, her/his family, a volunteer, or even a staff member. The most effective vignettes will frame your story in terms of a problem or struggle that an individual was facing, and how your program helped him or her to solve that issue.

Application Checklist & Signatures

- Completed application summary
- Completed budget and financial information
- Completed application Narrative, including Goals & Evaluation
- (Optional) Vignettes
- (Optional) Photos
- 1 copy of current (2018) budget
- 1 copy of most recent annual report (if available)

I certify that all information included in this application is correct and true to the best of my ability.

Signature of Rector or Clergy
in Charge (if applicable):

Date

Signature of Program Director:

Date

An electronic signature is sufficient.