Outreach Council Funding Information

**Name of Organization:**

**Address:**

**Contact Person:**

**Phone Number:**

**Email Address:**

**Amount Requested:**

*Please complete this form, using as much space as necessary, and return it to the address below.*

1. What is the primary mission / purpose of your organization?
2. Please describe two or three programs or projects that are characteristic of your organization.
3. Where does most of your funding come from? [Please attach supporting budget information for project and/or organization.]
4. St. Paul’s shares our resources with others whose purpose and projects align with our values. Tell us what you plan to do with a gift from our church. [You may wish to include additional documentation (i.e. narrative reports, brochures, etc.)]

The undersigned agrees that the organization will use any gift that St. Paul's Episcopal Church may give in the manner described in this application and will comply with the requirement of the church for accounting and narrative reports as well as any requests for additional information.

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

RETURN COMPLETED FORM and ADDITIONAL DOCUMENTATION TO:

[info@stpaulsec.org](mailto:info@stpaulsec.org) (subject: Outreach Request)

*and/or*

St. Paul’s Church, ATTN: Outreach Council, 25 Westminster Rd., Rochester, NY 14607