

**Diocesan Micro-Economic Development
Grant Application**
(Revised April 2010)

Date of Request: _____

Yes No Is this grant for a new project?

Yes No Does this grant request include expenses for travel overseas?

Yes No Does your church or region support this grant through significant volunteer hours, financial support and other services in kind?

Use only space provided, except for required accountability attachments.

Requesting Applicant:

Your Information:

Name: _____ Phone: _____

Address: _____

Sponsoring Church/City or Region: _____

Rector/Dean: _____ Phone: _____

Who will directly control the project? (E.g. Vestry, Board of Directors, ECW, Community Group, other, etc).

If "other", please describe briefly the relationship to the Episcopal Church.

Details of Project:

Title of Grant Request Proposal: _____

Amount Requested \$ _____ (Maximum of \$2,500 per year per applicant)

Implementing Organization: _____ Contact Person: _____

Address: _____ Phone: _____

Within this space, summarize how the grant monies will be used:

If an existing project, describe features which constitute a new phase.

Tell us whatever else you want the Budget Committee to know.

Project Budget:

Projected income for the total project \$ _____

Projected expenses for the total project \$ _____

Please attach a copy of the project budget (**Attachment A**) and the current income/expense operating budget of the implementing organization (**Attachment B**) which will be the larger, all-inclusive budget.

Regarding only the amount requested for this grant request, to what other Episcopal or Anglican organizations has this same request for a grant been made, or will be made, and what is the status of each request? What existing funding have you received from these same organizations to this point?

How will the program be supported if you do not receive this grant?

Beginning Date of Project (or phase funded by this request): _____

Attestation signature: To the best of our knowledge, this project has no connection with any organization whose officers or agents advocate or endorse violence or are involved in partisan politics.

Rector/Dean _____ Date _____

Mail this form with a copy of project budget (**ATTACHMENT A**) and current operating budget of implementing organization (**ATTACHMENT B**) to:

**Mr. Michael Kerr, Treasurer
The Diocese of Virginia
110 West Franklin Street
Richmond, VA 23220**