

Shepherd's Gate Grant Application 2020



GOOD SHEPHERD CATHOLIC CHURCH

Loving as Christ loves, serving as Christ serves.

8710 Mount Vernon Hwy Alexandria, VA 22309 703-780-4055 email: office@gs-cc.org

PROGRAM APPLICATION
ORGANIZATION/AGENCY INFORMATION

Sponsoring Organization(s):

Address:

Name of Contact Person:

Position:

Phone:

Email:

PROJECT/PROGRAM INFORMATION

It is highly recommended that each organization elect a project/program to fund rather than apply for a grant to be applied to their general operating expenses.

Project/Program Title:

Total budget for the project/program: \$

Total funds requested from the Shepherd's Gate Grant Program: \$

REFERENCES

List individuals or organizations that are not part of your organization but are familiar with your organization's work:

1) Name:

Phone:

Position/Organization:

2) Name:

Phone:

Position/Organization:

OTHER

How did your organization learn of the Shepherd's Gate Grant program?

Has this grant proposal and the project/program been approved by the organization's Executive Director, President, or Board of Trustees?

No _____ Yes _____

If yes, Approved by: _____ Date: _____

NARRATIVE DESCRIPTION

Please provide a write up with the following information and categories listed below. Limit answers to 4 typed pages using 12 pt font, Times New Roman

1. Overview: Describe the principal goal and objectives of this project/program
2. Problems/needs: Describe the problems and/or needs that this project/program attempts to address, specifying the benefits the community would derive from the project/program.
3. Activities: Describe the activities that will achieve the project/program's goals and objectives. (Include timeline, if practical.)
4. Benefits: Identify those who will benefit from this project. (Please identify economic status and number of persons.)
5. Participants: Identify those who will be involved in this project/program. (Include staff, other organizations, volunteers, and beneficiaries.)

6. Budget Overview:

Total budget for the project/program: \$_____

Total funds requested from the Shepherd's Gate Grant Program: \$_____

Additional funding sources*:

Funding Source	Amount Budgeted	Secured (Y/N)?

***NOTE: If the amount being requested is only for a part of the total funding of a larger project/program, please include in your detailed budget any other funding sources to which this project/program has applied or already obtained. It is highly recommended that the overall project/program budget not greatly exceed that which is being requested by this grant and/or already secured.**

7. Other information that has not been covered in this application nor listed in **Section II. Application Components and Required Information** of the instructions may be submitted, but please limit such comments to **three pages** (pictures included). Program brochure or flyer is recommended.

Please be sure to fully review the instructions, particularly Section II. Application Components and Required Information for all additional information needed to complete this grant application.

Applications that are not complete will not be eligible for a reward.