

# St. Mark’s Episcopal Church

BREAD OF LIFE GRANT APPLICATION  
 a three-year grant of $20,000 per year

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| **ORGANIZATION INFORMATION** | | |
| Organization name: | | |
| Street address: | | |
| City: | State: | ZIP: |
| EIN: | Phone: | Year of Agency Origin: |
| Organization Mission: | | |
| Organization website URL: | | |
| Total annual operating budget for organization (current year): | | |
| Percent of board members who give financially to the organization: | | |
| Total dollars donated by board members (most recently completed fiscal year): | | |
| Is your agency funded by the United Way? Y/N  Funded by the Episcopal Diocese of West Texas or another Episcopal Church? Y/N | | |
| **request type** | | |
| Amount of request to St. Mark’s:  **$60,000 over three years** (disbursed semi-annually) | Total program cost, if different: | |
| Which type of support are you requesting? (mark one)  \_\_\_Capital \_\_\_\_Program/Project Support \_\_\_\_General Operating Support | | |
| **ABOUT THE program** | | |
| Program title: | | |
| Brief program description (2-3 sentences): | | |
| Program start date (or grant period start date): | | |
| Program end date (or grant period end date): | | |
| Number of persons to be served by this program (during grant period): | | |
| **POINTS OF CONTACT** | | |
| Primary contact person for this application: | | |
| Title of primary contact person: | | |
| Phone: | | |
| E-mail address: | | |
| **SIGNATURE** | | |
| CEO or Executive Director Signature and Date: | | |
| *Bread of Life Application Cover Sheet* | | |