
# 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* |