|  |  |  |  |
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| **ORGANIZATION INFORMATION** | | | |
| Organization name: | | | |
| Street address: | | | |
| City: | | State: | ZIP: |
| EIN: | | Phone: | Fax: |
| 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 this agency funded by the Episcopal Diocese of West Texas or another Episcopal Church?  If so, please specify name and amount of support received. | | | |
| Year of origin: | | Is this a United Way funded agency? | |
| **about request** | | | |
| Amount of request to St. Mark’s: | Total project cost: | | |
| Type of funding (select one):  □ Capital ype o□ Organization General Operating f funding (: □ Program/Project Support | | | |
| **ABOUT THE PROJECT/program** | | | |
| Program/project title: | | | |
| Brief program/project description (2-3 sentences): | | | |
| St. Mark’s Core Vocation that □ Feeding the hungry with real food  this project/program fulfils (select one): □ Feeding those hungry for knowledge and meaning  Program Category (select one from menu) :□ Feeding those hungry for beauty and creativity | | | |
| Project start date or date funds are needed (or grant period start date): | | | |
| Project end date (or grant period end): | | | |
| Number of clients to be served by this program/project (during grant period): | | | |
| *Core Vocation Application Cover Sheet Page 1* | | | |



# St. Mark’s Episcopal Church

Core Vocation Grant Application

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| **POINTS OF CONTACT** | | |
| Primary organization contact name and title: | | |
| Phone: | Email: | |
| Primary program contact name: | | |
| Primary program contact title: | | |
| Phone: | Email: | |
| **Signature** | | |
| Executive Director or CEO: | | Date: |
| *Core Vocation Application Cover Sheet Page 2* | | |