

BERNICE GOULD MEMORIAL FUND APPLICATION

St. Paul's Episcopal Church
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GRANT APPLICATION

ORGANIZATIONAL INFORMATION

Organization Name _____

Address _____

Executive Director _____

Contact Person _____

Telephone _____ Fax _____

Email _____

When was your organization founded? _____

Organization Type: 501(c)(3) not-for-profit _____ Other _____

If applicable, when did your organization receive 501(c)(3) not-for-profit status? _____

Please summarize the mission of your organization.

What are your organization's key programs?

How many unduplicated individuals does your organization serve each year in each of the programs listed above.

Name of Executive Director/Authorized Signer (please print)

Title

Signature of Executive Director/Authorized Signer

Date

PROJECT INFORMATION

Project Status _____ New Undertaking _____ Ongoing Program

Type of Project _____ Program/Direct Benefit _____ Capital

Total Project Budget \$ _____ Amount Requested \$ _____

NOTE: The maximum grant is \$1,500.00

Project Start Date _____ Project End Date _____

Brief explanation of grant request

What are the project's other funding sources

What is your contingency plan if you do not receive the full amount requested?

Describe your sustainability plan. How will you fund the project after the first year.

Have you at any previous time applied for a grant from the Gould Fund?

No () Yes () When ()

FUNDING REQUEST

A. Program or Direct Service Grants – for costs related to implementation of a program (start-up or expansion)

1. Describe the community need your project is addressing.

2. How was the need identified?

B. Capital Grants – Proposals that seek funding to purchase or construct a new facility, renovate or add to a current facility, or purchase equipment with an expected useful life of at least three years.

1. Explain why this project is being undertaken.

2. Indicate the status of any required regulatory approvals as appropriate.