Christ Church Vero Beach Application for Financial Assistance and Sponsorship www.christchurchvero.org

1.	Date Submitted:		Amount Requested:	
2.	Legal Name of Organiza	tion:		
3.	Legal Address (Street):			
	City:	State:	Zip C	Code:
4.	Phone:	Fax:	E-Mail:	
5.	501(c)(3) number:		(please include a	copy of your 501(c)3 determination letter)
6.	Program Director:		Title:	Phone:
	DF	SCRIPTION OF O	RGANIZATION OR	AGENCY
7.	Year foundedP	rimary Founders/Organiz	zers	
8.	Your Mission			
9.	How do you share the good	l news of Jesus Christ?		
10				
10.	Community needs targeted			
11.	Current priorities:			
12.	Number of staff (
13.	Describe your current facili	ities:		
14.	Services provided:			
15.	Number of people served d	irectly		
16.	Target population served (A	Age, Sex, Special Needs,	etc.)	
17.	Geographic area served:			
18.	•			
19.	-	-		r information about your organization.
Christ	Church Vero Beach Outreach	Application		

HOW WILL THE MONEY BE SPENT?

20.	These funds will support:	Ongoing operations	One-time project If a one-time project, please complete lines 21-27.			
21.	Start Date	_ Duration				
22.	Description of the project:					
23.	Address of the Project: _					
24.	Areas affected by the project:					
25.	Groups Targeted:	Groups Targeted:				
26.	Goals and Objectives (Quantifiable objectives will be more useful in your annual or final evaluation):					
27.	How will you measure your success/effectiveness in the use of this grant?					
28.	If this grant request is to linclude quantifiable goals		please describe in detail how the funds will be used. Please			

INCOME and EXPENSES

REVENUE SOURCES AND EXPENSES FOR: Ongoing Operation _____ or One-Time Project _____

For ongoing operations, please use annual income and expenses. If you have internal documentation with this same or similar information, you may supply those documents in lieu of completing this page.

Source/Support	Amount	Expenses	Amount
Government Grants		Salaries & Wages-exist.	
Foundations		Additional staff	
Corporations		Insurance and benefits	
United Way		Professional fees	
Individual contributions		Fund raising costs	
Fund raising efforts		Travel	
Membership income		Equipment	
In-kind support		Supplies	
Investment Income		Printing & copying	
Christ Church		Telephone & Fax	
Government Contracts		Postage and delivery	
Earned Income		Rent & Utilities	
		Other (specify)	

TOTAL REVENUE	TOTAL EXPENSES	
	EAPENSES	

To the best of my knowledge and belief, all data in the application is true and correct. The document has been duly authorized by the governing body of the Applicant and the Applicant will comply with all requirements and reporting if the assistance is awarded. All grant awards are contingent upon funding available.

Signature of Authoriz	ed Representative:	Date	
Title:	Telephone:		
	Please submit this completed form to: Christ Church Vero Beach 667 20 th St., Vero Beach, FL 32960		
	772-562-8670		