



## Application for Financial Assistance and Sponsorship

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1. Date Submitted: \_\_\_\_\_ Amount Requested: \_\_\_\_\_
2. Legal Name of Organization: \_\_\_\_\_
3. Legal Address (Street): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip 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: \_\_\_\_\_

### DESCRIPTION OF ORGANIZATION OR AGENCY

7. Year founded \_\_\_\_\_ Primary Founders/Organizers \_\_\_\_\_
8. Your Mission \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. How do you share the good news of Jesus Christ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Community needs targeted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Current priorities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Number of staff \_\_\_\_\_ (Please list Board of Directors on a separate page)
13. Describe your current facilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Number of people served directly \_\_\_\_\_
16. Target population served (Age, Sex, Special Needs, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Geographic area served: \_\_\_\_\_

- 18. Other organizations serving this need: \_\_\_\_\_
- 19. In addition to the above, feel free to attach or include any brochures or other information about your organization.

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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28. If this grant request is to help support ongoing needs, please describe in detail how the funds will be used. Please include quantifiable goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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)	

<b>TOTAL REVENUE</b>		<b>TOTAL EXPENSES</b>	
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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 Authorized Representative: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please submit this completed form to:**  
 Christ Church Vero Beach  
 667 20<sup>th</sup> St., Vero Beach, FL 32960  
 772-646-0920