



EPISCOPAL CHURCH WOMEN
Episcopal Diocese of New York

CHRISTIAN SOCIAL CONCERNS COMMITTEE
APPLICATION FOR A PROJECT GRANT

NAME OF PROJECT: _____

CONTACT: _____

ADDRESS: _____

E-MAIL: _____ PHONE No.: _____

Respond to Statements/Questions on Separate Page Where Appropriate:

1. List the goals and objectives of the Project in order of priority. Include the population and number of persons served by the Project.
2. Give a brief description of action to achieve goals and objectives.
3. How and by whom is your project administrated and evaluated?
4. List other sources of income. Attach a copy of your present/proposed budget.
5. Why is the money needed? What will happen if you do not receive it?
6. Amount requested: \$_____.

Signature: _____ Position / Title: _____

Please send completed form to;

Mrs. Frederica Kellman-Lowe
2771 Bainbridge Avenue #6H
Bronx, NY 10458
foodspec56@hotmail.com

ONLY THE OFFICIAL APPLICATION WILL BE ACCEPTED