

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

- 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? _____

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)	

TOTAL REVENUE		TOTAL EXPENSES	
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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 20th St., Vero Beach, FL 32960
 772-562-8670