## BERNICE GOULD MEMORIAL FUND APPLICATION

St. Paul's Episcopal Church 200 Jefferson Avenue, Endicott, NY 13760
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## **GRANT APPLICATION**

## **ORGANIZATIONAL INFORMATION**

Organization Name				
Address				
Executive Director				
Contact Person				
Telephone	Fax			
Email				
When was your organization	on founded?			
	(3) not-for-profit			
If applicable, when did your	r organization receive 501(c)(3) r	ot-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	r/Authorized Signer (please print)	Title		
Signature of Executive Dire				

## PROJECT INFORMATION

Project Status	New Undertaking	Ongoing Program
Type of Project	Program/Direct Benefit	Capital
Total Project Budget \$ NOTE: The maximum grant is \$	Amount Reque \$1,500.00	ested \$
Project Start Date	Project End Da	ate
Brief explanation of grant reques	st	
What are the project's other fund	ding sources	
What is your contingency plan if	you do not receive the full amour	nt requested?
Describe your sustainability plar	n. How will you fund the project a	fter the first year.
Have you at any previous time a No ( ) Yes ( )	applied for a grant from the Gould When ( )	Fund?
FUNDING REQUEST		
A. Program or Direct Service G expansion)	rants – for costs related to implen	nentation of a program (start-up o
Describe the community nee	d your project is addressing.	
2. How was the need identified	?	
·	hat seek funding to purchase or c rchase equipment with an expect	•
1. Explain why this project is be	eing undertaken.	

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