

BERNICE GOULD MEMORIAL FUND APPLICATION

St. Paul's Episcopal Church
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GRANT APPLICATION

(revised January 2022)

ORGANIZATIONAL INFORMATION:

Organization Name:

Address:

Executive Director:

Contact Person:

Telephone:

Fax:

Email:

Website:

Date your organization was founded:

Organization Type: 501(c) (3) non-profit Other: (Explain)

Organizational Mission and key programs:

Have you previously applied for a Gould Grant? Yes No If yes, when

PROJECT INFORMATION:

This project is a Direct Benefit Activity OR Capital Improvement

This project is: New Undertaking On-going Program One-time Event

Anticipated Start date (and end date where applicable):

Please detail the specific project for which you are requesting funding, the need being addressed, how this need was identified, who will benefit and what requested funds will be utilized for:

What area will this project cover (i.e. will it benefit your community, the County, etc.)

How many unduplicated individuals do you feel will benefit by this undertaking each month?

PROJECT FINANCES:

Total Project Cost: \$

Funds provided by your organization: \$

Funds committed or received from other sources: \$

Please list any outstanding funding requests not yet approved and the amounts requested:

Amount you are requesting from St. Paul's Gould Grant Program \$

If a new project, how do you plan to fund after the first year?

Printed Name and Title of Authorized Signer

e-Signature

Date