



2015 PARISH DEVELOPMENT GRANT APPLICATION
Episcopal Diocese of Central Florida

SELF-SUPPORTING CONGREGATION:

RECTOR/VICAR/PRIEST-IN-CHARGE:

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ALTERNATE CONTACT NAME: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

DEVELOPMENT PROPOSAL TITLE: _____

SHORT PROPOSAL DESCRIPTION:

ATTACH AS SCHEDULE A ONE PAGE TYPED NARRATIVE DESCRIPTION OF PROPOSAL

SHORT SPECIFIC PROPOSAL OBJECTIVES AND GOALS:

ATTACH OPTIONAL SCHEDULE B ONE PAGE TYPED NARRATIVE PROPOSAL OBJECTIVES AND GOALS

ATTACH AS SCHEDULE C ONE PAGE TYPED NARRATIVE DESCRIPTION OF CONFORMITY WITH PARISH
DEVELOPMENT GRANTS STATEMENT OF GRANT

LIST THE BENEFITS OF THE PROPOSAL TO THE PARISH AND ITS COMMUNITY:

ATTACH AS SCHEDULE D SPECIFIC PROCEDURES AND MEASUREMENTS OF OUTCOMES FOR THE PROPOSAL

LIST OTHER FUNDS THAT WILL BE USED FOR THE PROPOSAL FROM THE PARISH OR FROM OTHER SOURCES (INCLUDE THE OTHER SOURCE NAME, IF APPLICABLE):

HOW WILL THE PROPOSAL BE FUNDED IN FUTURE YEARS (IF APPLICABLE)

ATTACH AS SCHEDULE E A DETAILED BUDGET (AGGREGATE ITEMS OF \$50 OR LESS NOT TO EXCEED IN TOTAL \$500)

On behalf of (name parish) _____ in connection with this grant application, (name of parish) _____ agrees to all terms and conditions of the Parish Development Grant Statement of Grant and all applicable Canons and policies of the Episcopal Diocese of Central Florida.

Signed this _____ day of _____, 2015.

PLEASE SUBMIT SIGNED APPLICATION AND ALL APPLICABLE SCHEDULES AS A PDF FILE TO:

mlang@cfdiocese.org AND fr.rob@stgabs.org

THANK YOU FOR YOUR APPLICATION.