



**EPISCOPAL CHRISTIAN
CARING FUND
of Central Florida**

GRANT APPLICATION FORM

The Episcopal Christian Caring Fund of Central Florida, Inc. disburses funds to assist the truly needy who have exhausted all other means of help or who are faced with an emergency situation.

All Grant Application Forms are to be submitted and signed by the RECTOR, VICAR, or in their absence, Assistant, Deacon, or Senior Warden of the parish within which the proposed care recipient resides and/or is a member.

If the Grant Application is approved, a check will be payable to the Church for disbursement by the Rector, Vicar, or other authority.

Date _____ Grant Number _____

Church _____ Phone _____

To: The Rev. Robert Moses
ECCF, C/O St. Stephen's Church
1820 County Rd CR 540A
Lakeland, FL 33813

Re: _____ \$ _____
(Name of intended receiver) (Amount of request)

A: Family status: Single _____ Married _____ No. in family _____
Employed _____ Retired _____ Monthly Income _____

Reason for Request: Shelter/Housing _____ Utilities _____
Food _____ Storm Damage _____ Other _____ (EXPLAIN)

(Grant Application continued)

B: Total parish assistance For this person: Rector's Discretionary Fund \$_____

Other \$_____ (EXPLAIN)

C. Secular Assistance: Does this person have insurance? Yes_____ No_____

Has all insurance been fully utilized? Yes _____ No _____ (EXPLAIN)

Are community social services available for present/future use? Yes_____ No_____

Have all available resources been suggested to Applicant?

DCF _____ Food Stamps _____ Power Company Assistance Program _____

Special Grants Funds _____

Have these/other sources been explored by Applicant? Yes _____ No _____ (EXPLAIN)

Is Applicant willing to seek guidance for financial problem? Yes _____ No _____

Have arrangements been made with Consumer Credit Counseling or other advisor?

Yes _____ No _____

ANY GRANT AMOUNTING TO \$1500 OR MORE MUST BE COORDINATED THROUGH THE CONSUMER CREDIT COUNSELING SERVICE. A COPY OF THE SERVICE'S REVIEW OF THE INTENDED CARE RECEIVER IS TO BE ATTACHED TO THIS APPLICATION. IN ADDITION, THE APPLICANT MUST FURNISH THE BOARD WITH A PERSONAL STATEMENT OF THEIR FINANCES. (The personal statement should accompany the application even when Credit Counseling is not indicated.)

A personal note written by the individual would assist the Board in the consideration of the request.

D, To the submitting authority:

ALL ABOVE QUESTIONS MUST BE ANSWERED AND ALL REQUESTED DOCUMENTATION INCLUDED. IN ADDITION, PLEASE ATTACH A PERSONAL STATEMENT OF ANY FURTHER EXPLANATION WHICH WOULD BE OF VALUE IN MAKING THIS GRANT, INCLUDING THE INTENDED CARE, WHICH WILL ENABLE THE BOARD TO BETTER UNDERSTAND THE FULL CIRCUMSTANCES SURROUNDING THE REQUEST AND TO ARRIVE AT AN EQUITABLE DECISION.

(Signature/Title)

(Date)