

Holy Trinity Episcopal Church  
607 N. Greene St. Greensboro, NC 27401  
Christian Social Ministries Commission  
Grant Application Form

Date of Request \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Website address \_\_\_\_\_

Name of individual submitting application \_\_\_\_\_

Requested amount of financial support \$ \_\_\_\_\_

Purpose of your organization, what services are provided and how many people do you serve on an annual basis:

Are members of Holy Trinity Episcopal Church involved in your organization? If yes, please provide their names and how they are involved:

Why is a grant needed and how will be the grant money used:

What are your current funding sources:

Please provide copies of:

- current annual operating budget
- most recent Form 990 filed for 501(c)3 organizations
- names of current board of directors
- marketing literature or other program description brochures, flyers, etc.

Please provide any other information you feel would be helpful in our consideration of your application. (Use additional pages or more space if needed)

Signature \_\_\_\_\_

Title or position \_\_\_\_\_