



## ***2026 Grant Application***

*Deadline to submit is Monday, September 30, 2025*

*Please check from which group you are requesting:*

\_\_\_\_\_ **Episcopal Church Women:** Operating funds for Transylvania County organizations serving children and families in need.

\_\_\_\_\_ **St. Philip's Foundation:** Capital expenditures focusing on the acquisition or maintenance of fixed assets such as land, buildings, and equipment.

### **1. Agency Contact Information**

Legal name of Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

Agency Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Executive Director \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## 2. Project/Program Information

Project/Program Title \_\_\_\_\_

Description of need \_\_\_\_\_  
\_\_\_\_\_

Amount Requested \_\_\_\_\_ Total Project Budget \_\_\_\_\_

Does any other local agency provide a similar service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this service impact the community?

*(Please be specific as to number of people who will benefit, population served, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the long-term mission of this project/program?

\_\_\_\_\_

## 3. Agency Information

Check one:            \_\_\_\_\_ Section 501(c)(3)  
                             \_\_\_\_\_ Public Agency

What is the agency's total annual operating budget? \_\_\_\_\_

Does this agency receive funds from other sources? If so, please list.

*(We are particularly interested in what other churches provide financial support.)*

\_\_\_\_\_  
\_\_\_\_\_

**Please attach the following:** *Current budget, names of your Board of Directors, and any other supporting documents you consider relevant.*

## 4. Agency Authorization

By my signature, I certify this application is correct.

\_\_\_\_\_  
Board Chair/President (*please print*)

\_\_\_\_\_  
Signature Board Chair/President

\_\_\_\_\_  
Date