



Christ Episcopal Church

The mission of Christ Church is to offer hospitality, healing and hope in the name of Jesus Christ.

2009 Funding Request Application

Name of Organization: _____

Mailing address: _____

City/State _____ Zip _____

Telephone () _____

E-Mail Address _____

Christ Church "sponsoring" parishioner: _____

Amount requested from Christ Church for 2009 \$ _____

Description of Program (Specific action planned, who would benefit, when, where and how many):

Describe the need for the above program:

How will the results be measured/evaluated?

Total Cost of program \$ _____. We expect costs to be greater than funds being solicited from Christ Church, how will remainder of funding be assured?

Other forms of assistance, including volunteer opportunities, needed by agency:

Special forms of assistance:

Volunteer needs/opportunities:

Are members of Christ Episcopal Church currently represented on your Board or as volunteers with your agency/organization? If so, whom and what are their positions.

Would the agency be willing to make a presentation to the parish and/or the Missions Committee to inform us more about its work? _____

Whom should we contact about such a program? _____ Phone _____

Do they have a slide show or video? _____

Could they provide us with brochures, concerning their program? _____

Does the program above have the approval of your Board of Trustees? _____

Signature of Person completing form

Title

Date

Send this original form, additional attachments and 10 copies to:

**Christ Episcopal Church
Attn: Missions Committee
33 East First Street
Corning, NY 14830**