

St. Peter's Episcopal Church
1 S. Tschirgi
Sheridan, Wyoming
Application for Outreach Projects

Date of Application: _____

Name of individual / organization seeking funding: _____

Contact Person: _____

Email Address: _____

Phone Number: Day: _____ Evening: _____

Mailing Address: _____

Street/P.O. Box

_____ WY _____
City State Zip Code

Type of resource requested:

___ Financial Assistance – Amount \$ _____

___ Logistical –Description:

___ Labor Resources – Description:

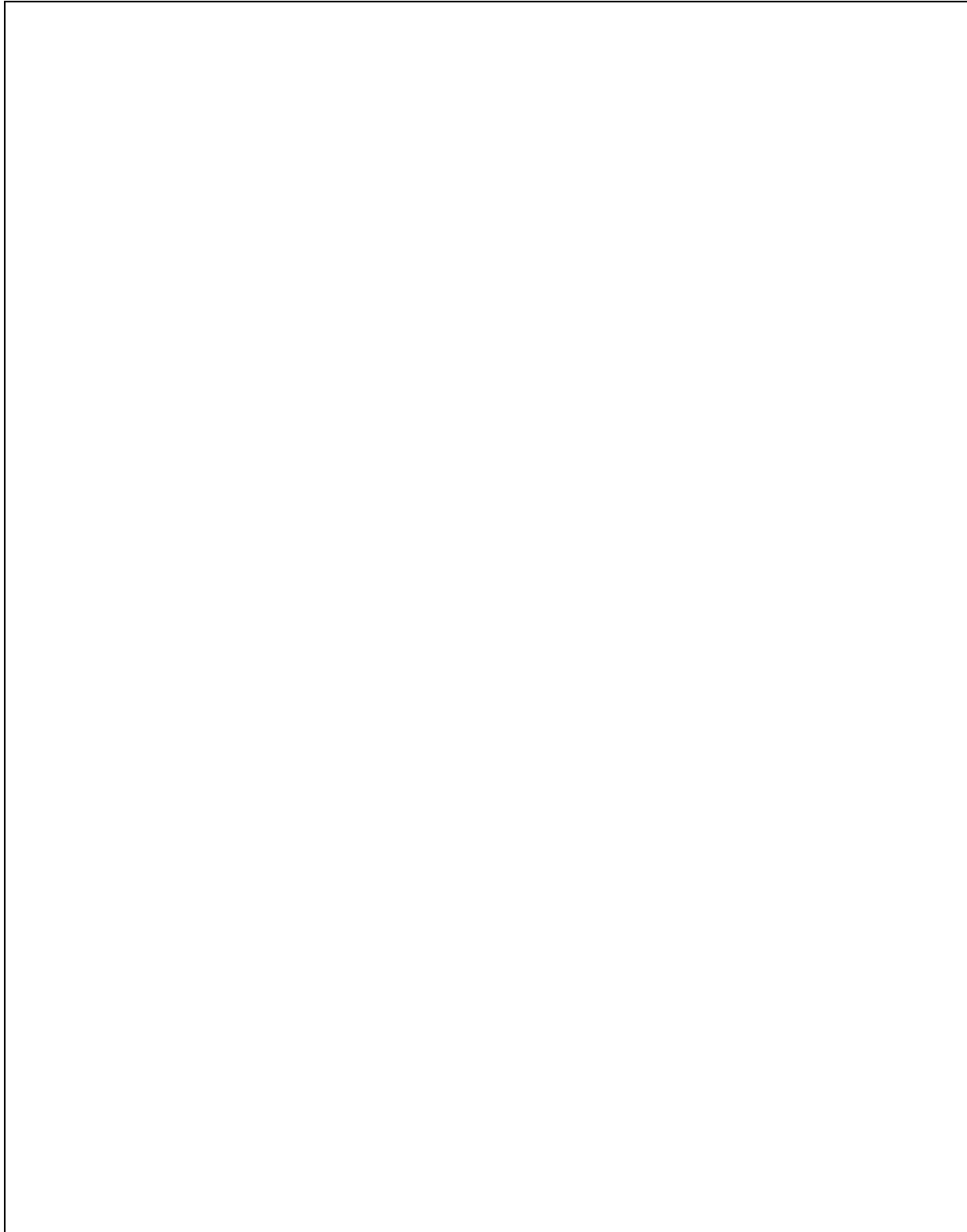
Project Description:

Need: What is the need or issue to be addressed by the proposed project?

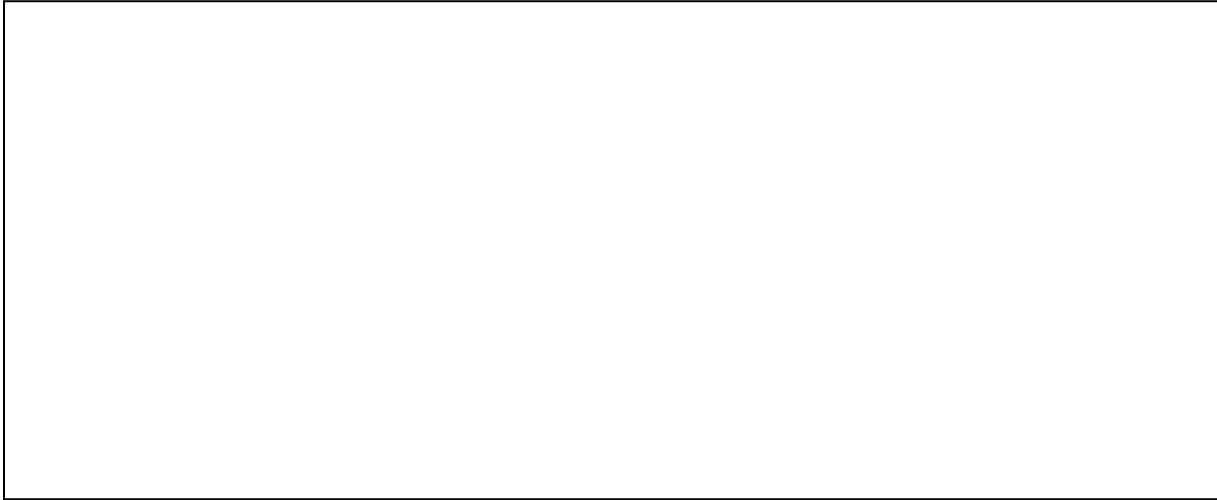
Goals: What goal(s) are to be achieved by the proposed project?

Participants: Estimate the number and types of participants who are expected to benefit from the project.

Project Activities: Describe the specific activities involved in the project, including who will implement them and where they will take place.

A large, empty rectangular box with a thin black border, intended for the user to describe project activities. The box is currently blank.

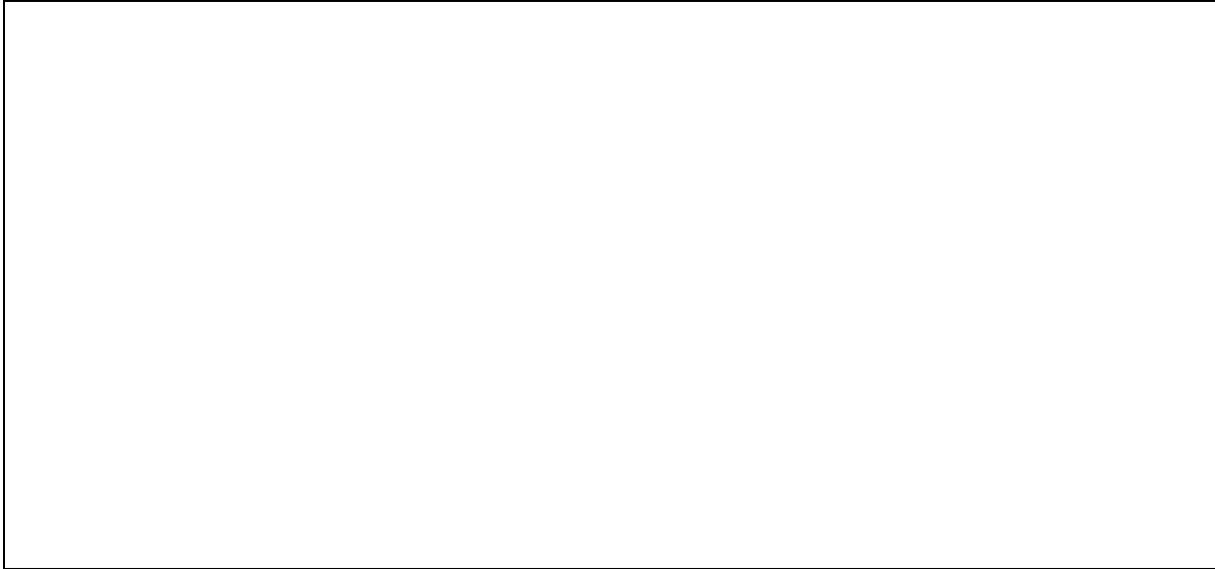
Timeline: Describe the timeline for the project, including anticipated start date, the timeframes for proposed activities, and the end date.



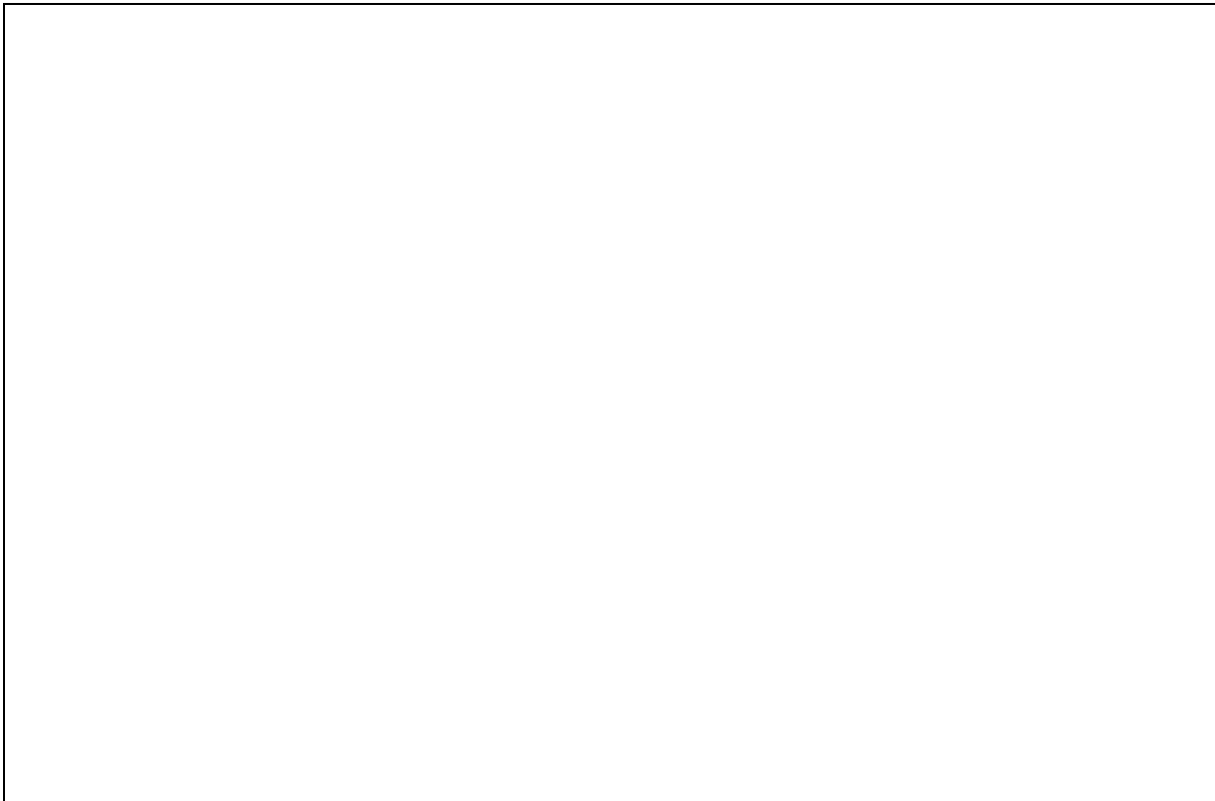
Outcomes: Describe the specific ways you hope the project will transform participants, facilitators, the community, and others.



Sustainability: Describe plans for building support to continue the project beyond the support/grant.



Evaluation: Describe how you will use the outcomes above to evaluate the success of the project.



Projected Budget:

a. Projected Expenses:

b. Projected Revenues:

Project Completion: The Applicant agrees to provide notice of project completion to St Peter's Outreach chairperson and an in-person (preferably) or written evaluation of the project upon completion.

Signature:

Printed Name of Entity (Individual / Organization)

Signature of Contact Person Named Above

Date: _____