

**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.

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)	EIN Number
_____	Date: _____
Signature of Contact Person Named Above	