



EMLI MISSION GRANT RENEWAL APPLICATION

(THIS IS TO BE FILLED OUT FOR 2ND OR 3RD YEAR GRANT REQUEST)

Filing Instructions :

- Email the completed Application and Budget to: EMLI@dioceseli.org
- In the "Subject Line" of the email, specify Year 2 or Year 3 and Program Name.

Applications are reviewed quarterly and must be submitted by: September 15th, December 15th, March 15th and June 15th of every year.

Church Name and Address:
Name of Program:
Person Completing Information:
Phone Number:
Email Address:
Please specify if this is a Year 2 or Year 3 Application renewal:
Requested Amount: \$

Please respond to the following questions:

Please share the activities, action steps and events that have taken place since the last funding cycle.

What can you share about how this ministry has positively affected those being served?

What are some of the tangible or specific accomplishments of the program since the funding was received?

What are some of your next steps to continue, to grow or to sustain this program?

Program Operating Hours

Day(s) and hour(s) of operation:

Date program Began:

Date program Ends:

Service Information & Data

Who is the target population that was/is being served?

Number of people served during this reporting period:

Number of sessions that took place during this reporting period:

(For Feeding Ministries) Number of food packages distributed:

(For Feeding Ministries) - Number of meals served:

Staff and Volunteers

Number of Staff engaged in program:

Number of Parishioners engaged in program:

Number of Community Members engaged in program:

Community Partners and other Supporters

Please list any connections you have made with other local community partners, faith-based institutions or individuals in order to strengthen or sustain this ministry beyond the EMLI funding period:

Budget Documentation: Please complete and return the attached Budget Form with this application.

Name of Program:

Instructions: For 2nd Year Grant applications, complete Column A and B. For 3rd Year Grant Applications, complete Column C and D

	Column A	Column B	Column C	Column D
	1 st Year Actual Expenses	2 nd Year Projected Amount	2 nd Year Actual Expenses	3 rd Year Projected Amount
Program Income				
Individual Donations				
Sponsoring Parish				
Tuition/Membership Fees				
Endowment				
Government Funds				
Value of In-Kind Donations				
Episcopal Ministries (EMLI) Grant				
Congregational Development Grant				
Other (specify):				
Total Income	\$			
Program Expenses				
Staff – Salary				
Administrative Expenses (Benefits, etc.)				
Food / Refreshments				
Tuition Assistance/Scholarships				
Transportation				
*Supplies & Materials				
Rent				
Utilities				
Maintenance				
Insurance Related to Program				
Training Costs				
Marketing & Outreach Materials				
*Miscellaneous (please explain)				
Total Expenses	\$			

*Please list specific items in the Supplies & Materials or Miscellaneous Columns Here: