St. Bede's Episcopal Church
Request for COMMUNITY GRANTS Funds

DATE_____

Agency/Program_____

Contact Person_____**Title**_____

Address_____

Phone_____**E-mail**_____
Tax ID/EIN _____

Provide a **one page, specific** description of this project. Please tprovide details about how an award from St. Bede's will benefit your organization.

Amount requested_____ Date needed_____

To whom should the grant check be made_____

Please submit the latest financial statement and/or annual reports with your request. Our grants are typically in the range of $5000.

Is funding from other sources being applied for? Please provide details.

Printed name_____

Signature_____ _____

You will be notified of the date on which the CommunityGrants Committee will consider your request. We require someone from your organization to attend the meeting to provide a 10 minute presentation regarding your request. The chair will notify you of the date, time, and location of the meeting. Zoom contact information will also be provided if necessary.

Submission process:
We recommend that applications and financial statements be submitted as email attachments to the Community Grants Committee Chair Person, Carol Gerard.
carol.gerard60@gmail.com

Please use Community Grants Committee in the subject line.

Your application will be transmitted to the committee members. If you are unable to submit your proposal or addendums by email, nine copies should be mailed to:

St Bede's Community Grants Committee
St Bede's Episcopal Church
P.O. Box 5739
Santa Fe, NM 87502

Grant Application Deadlines (The chair will notify you of the date, time and location of the meeting)
March 1 June1 September 1 December 1

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