

St. Philip Presbyterian Church, Houston TX

Central Mission Endowment Fund Application

After you have submitted your completed Application you should receive confirmation of receipt from the Church within 72 hours.

If you have NOT received confirmation of receipt from the Church after 72 hours; please call the Church at:

713 622 4807

St. Philip Presbyterian Church, Houston TX
Central Mission Endowment Fund

2024 Grant Application Cover Sheet

Name of Organization _____

Federal Tax ID# _____

Mailing Address (including ZIP code) _____

Email Address _____ Phone _____

Name of person completing this form _____

email address and phone number _____

Brief description of your organization, including year established (one sentence max):

Executive Director _____

Email Address _____ Phone _____

Number of Active Board Members _____

Total # of Staff _____ Administrative _____ Program/service _____ Part time _____ Full time _____

Total # of Volunteers _____ Administrative _____ Program/service _____

Average volunteer hours/week _____

Are you affiliated with a national/state or religious organization? ____ Yes ____ No

If yes, please identify and explain affiliation _____

Organization Statistics (Last Year):

Total people served by the organization last year _____

Total people projected to be served by the services to be expanded/enhanced by this request

Amount of grant request: _____ Brief description of the request: _____

We hereby apply for a grant in the amount listed above and certify that all information contained herein and in the attached materials is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Executive Director: _____ (Please type or print)

Board Chair: _____ (Please type or print)

Signature: _____ Date: _____

REQUIRED INFORMATION

I. GRANT REQUEST NARRATIVE AND PROJECT BUDGET

In no more than two pages (please attach), please provide a narrative of your proposed project or program. While there is no set format, your narrative should explain the following: the amount you are requesting; the purpose of the proposed project/program and how the funds would be used; the need the grant will meet and who will be helped; and the anticipated benefits of the grant; the timeline for the project/program; the expected outcomes; and how will you measure the outcomes.

It will also be helpful if you address the following in your narrative: Are other organizations providing a similar service or attempting to meet a similar need? Will you be collaborating with other organizations in this program? Are there opportunities for members of St. Philip to participate? To your knowledge, do any St. Philip members currently participate?

Following the narrative, please provide a proposed *project/program budget* for this application. You may use the attached Project Budget form or provide your own.

II. ORGANIZATION NARRATIVE

In no more than half a page (please attach), please briefly explain the history and mission of your organization, including your mission statement if you have one.

III. LEADERSHIP

Executive Director _____

Length of service at this organization _____

Brief statement of experience: _____

Names, titles, and length of service of other key officers of the organization _____

Number of active Board members _____

% of Board members who support the organization (financially and volunteer time) _____

Please also attach a list of the names and professional affiliations of all active Board members.

IV. FINANCES

When does your Fiscal Year end? ____/____/____

Total Income for last full fiscal year \$ _____

Sources: Individuals ____% Religious Organizations ____% Foundations ____%

Government ____% United Way ____% Companies ____%

Program ____% Endowments/Income ____% Other ____%

If receiving United Way funds, please provide United Way funding per year for the past three years: \$ _____; \$ _____; \$ _____

Total Expenses for last full fiscal year \$ _____

Administrative ____% Fund Raising ____% Program Services ____% Fees associated with
National Organization Affiliations ____%

Do you have a designated endowment of any kind? ____Yes ____No

If yes, current balance \$ _____ Income Distribution \$ _____ Restrictions

Did you receive a CMEF Grant in 2023? ____Yes ____No

If so, please provide an update on how those funds are being used.

V. SUPPLEMENTAL DOCUMENTS

Please supply a copy of your *IRS letter* stating your non-profit tax-exempt status; a *current year operating budget* for your organization; and copies of *financial statements from the previous two years* (preferably Form 990).

INSTRUCTIONS FOR SUBMISSION

Please scan all documents as a single pdf and email to cmef@saintphilip.net

CHECKLIST: Have you included all of the following items?

- _____ Cover sheet with signatures
- _____ Required Information
 - _____ Grant Request Narrative (Section I.)
 - _____ Project Budget (Section I.)
 - _____ Organization Narrative (Section II.)
 - _____ Leadership Information (Section III.)
 - _____ Financial Information (Section IV.)
 - _____ Copy of the IRS letter stating non-profit tax-exempt status (Section V.)
 - _____ Current year operating budget (Section V.)
 - _____ Financial statements (Form 990) for last 2 years (Section V.)

Application Deadline for 2024: May 15, 2024