



the
EPISCOPAL
CHURCH *in*
WESTERN OREGON

Thanksgiving Offering Grant Application

Return completed applications to Diocesan Council Member, Tim Shields at tims@kodiakco.com no later than **December 31, 2024**. Grants are made to the sponsoring mission or parish.

1. Name of sponsoring Parish/Mission: _____
2. Mailing Address: _____
3. Name of Contact Person for the Project: _____
4. Email Address: _____
5. Phone Number: _____
6. Name of Project: _____
7. Amount Requested (\$500 limit per congregation): _____
8. Please write a description of the project for which the funds are requested. In your answer, please include: (a) the purpose of this project as it relates to those living in poverty and/or experiencing houselessness; (b) the number of congregation members who have hands-on involvement in this ministry; (c) your community partners

9. If this is a continuing program or project, please explain how you evaluate your program's on-going effectiveness and any ways you have found opportunities to continue, change, or innovate, according to any changing needs?

10. Finance and Budget:

- Total budget cost to this ministry project: _____
- List of funding sources (include amount per source):

- Other possible sources of funding:

- The total amount of funding coming from your Parish/Mission:

Signature of Grant Author: _____

Signature of Clergy-in-Charge: _____