**Bryn Mawr Presbyterian Church**

625 Montgomery Ave., Bryn Mawr, PA 19010

(610) 525-2821

**grants@bmpc.org**

**OUTREACH COUNCIL GRANT APPLICATION
\*New Partners\***

**PART 1 - Organization Information**

|  |  |
| --- | --- |
| **Date** |  |
| **Name of Organization** |  |
| **Address** |  |
| **Contact Person/Title** |  |
| **Contact Email** |  |
| **Contact Phone Number** |  |
| **Web Page** |  |
| **Organization Mission Statement** |  |
| **Head of Organization** |  |
| **President of Board**  |  |
| **Number of Board Members** |  | **Board Members from Target Community** |  |
| **Number of Employees(Part time/Volunteer)** |  |
| **Organization’ s Annual Budget** |  |
| **Other Community/Local Partners or Affiliations** |  |
| **List of your five largest sources of income** |  |

**Following the review of your application the Council may request the following:**

Recent audited financial statement

Copy of IRS letter stating 501c3 status (if available)

Recent Annual Report

**PART 2 - Project Information**

|  |  |
| --- | --- |
| **Date** |  |
| **Organization Name** |  |
| **Name of Project or Program** |  |
| **Amount Requested** |  |
| **What community do you serve?** |  |
| **Who will the program benefit?** |  |
| **What are your goals and objectives?** |  |
| **What measurable results are you expecting?** |  |
| **What makes your organization uniquely equipped to create or lead this program?** |  |
| **Are there similar programs in this community?** |  |
| **Are there collaborative efforts with these programs?** |  |
| **Will this be an ongoing program?** |  |
| **How will you fund this program in the future?** |  |
|  **Detailed Budget of program/project for which you seek support** |  |
| **How can BMPC be engaged hands on in the work of your organization or this program?** |  |

Please feel free to attach additional information about your organization and project/program.

**Application should be sent to** **grants@bmpc.org**