

The Church of the Atonement
97 Highwood Avenue
Tenafly, New Jersey 07670
Phone: 201-568-1763

September 20, 2017

Dear Outreach Partners:

Attached is a grant application for 2017. Please complete the application and return it to us by mail no later than October 16, 2017.

Please Note: We have changed our process this year. We have elected to offer our grant on a two-year cycle. As you complete the application please keep this in mind. A grant will be offered for a set amount for two years. After the first year you must complete a grant renewal form which will include a review of the organizations year and update on the project. If accepted the grant amount will be renewed for a second year.

Please make sure you give us all the pertinent information and take notice of our missing statement. Please send all supporting materials with your application so it can be evaluated at one time. Any application that is missing information will not be considered for a grant. A team member will be calling you or visiting you to discuss the application once it is received.

A decision on your application will be reached by late November.

If you need further information, or if you have any questions, please call the church office at the above number. You can also email me at dhctravel@aol.com.

Thank you for your cooperation.

Sincerely,

Deedy H. Clark

Deedy H. Clark
Outreach Team Chair

The Church of the Atonement 97 Highwood Avenue Tenafly, NJ 07670
Phone: 201-568-1763 CONTACT: Deedy Clark -Outreach team chair

OUTREACH GRANT APPLICATION 2017 -Renewable 2 year GRANT

Our Outreach Committee Mission Statement

1. Responding to the needs of people in our area with appropriate contributions of money, time and talent.
2. Providing assistance locally, using the resources of the Church of the Atonement where appropriate: focusing on clothing, food, shelter and counseling.
3. Involving, inspiring, and communicating with all members of the Church of the Atonement regarding our outreach efforts.

1. Organization _____
Address _____
Telephone Number _____

2. Contact Person (person directly responsible for the project)
Name _____
Title (if applicable) _____
Address _____
Telephone Number _____

3. Give a brief description of your organization's mission statement, goals, objectives. Are volunteers involved in your project? Please explain full details use additional pages if necessary.

4. We would like information describing your project and its funding requirements. We need **complete** information to consider this project for the grant request. Please include an **Annual Report or financial statement**. Please attach supporting documents as needed and additional pages as needed. The complete financial information is essential to consider this grant.

5. Fiscal year from _____ to _____

6. Applicant's Signature _____
Title: _____ Date _____