

**EPISCOPAL DIOCESE OF CENTRAL FLORIDA
2012 GRANT APPLICATION**

Return form by 9/2/11 to:
**Diocesan Administrator
1017 East Robinson St.
Orlando, FL 32801**

REQUESTED AMOUNT: \$ _____

ORGANIZATION OR COMMITTEE NAME: _____

NAME OF CONTACT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

PURPOSE FOR YOUR REQUEST:

YOUR PROJECTED REVENUE AND EXPENDITURES FOR 2012:

Revenue Sources:

Expenses:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Revenues: \$ _____

Total Expenses: \$ _____

How much money/investments do you have in hand now: _____

Where is this money (i.e. what bank/institution): _____

What is the Federal ID number on this account: _____

SIGNATURE OF REQUESTING OFFICER: _____ DATE: _____