## Trinity Episcopal Church Outreach Committee

P.O. Box 127 **†** Upperville, VA 20185

Phone: 540-592-3343 **†** E-mail: info@trinityupperville.org **†** Fax: 540-592-3408

Request for Funds From Outreach —Please complete the following:

♦ PLEASE PROVIDE A COPY OF YOUR LATEST BUDGET ALONG WITH THIS REQUEST

ORGANIZATION:		DATE:	
Contact name:			
Address:			
Phone:	E-mail:		
Please attach a letter of proof of charitable statu	as [501c(3) or other] if applicable.		
AMOUNT REQUESTED: Are there matching funds from other donors? What are the other sources of major support? If project or program specific, please state total projects of program specific and projects of program specific.	proposed budget:		
DATE FUNDS NEEDED BY:			
PROPOSAL SUMMARY: (purpose and need	ds)		
EXPECTED RESULT/IMPACT: (Who wi	ill this benefit?)		
CONCRECATION /COMMUNITY CURR	OD'T IC CLIOWALDY.		
CONGREGATION/COMMUNITY SUPPO (list partnerships with other organizations, name and in-kind donations)		ort this project, le	eters of support,
Trinity Sponsor (if any):	manufaction of the state of the		,
What is your affiliation with the requesting o	organization; (board member, volu	inteer, donor, etc	·.)
Email:			
Phone:	Best time to call:		D N
Are you willing to speak to the Outreach Cor	mmittee about this request?	☐ Yes	□ No

BRIEF HISTORY OF THE ORGANIZATION: Attach separate sheet or brochure and include mission statement. (please include future funding that has been secured to show organization's sustainability)						
ment (preuse meruue ruture runung that has seen	i secured to s	mow organiza				
This section for Outreach Committee Evaluation for funds requested.						
Date received	Yes	Partial	No	Unknown		
Need is clearly stated						
Congregation/community support						
History of the organization						
Support provided by other sources						
Funding Trinity Priority Area						
Outreach Committee Evaluation						
OUTREACH COMMENTS AND OBSER	VATION:					