



# Charitable Ministries Grant Application

The Orthodox Church in America

Charity or Ministry Name \_\_\_\_\_ Diocese \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Today's Date \_\_\_\_\_

## Mailing Address

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Does your charity or ministry operate under a 501(c)3 status?  Yes  No

Who comprises your board of directors?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How are they appointed or selected?

\_\_\_\_\_

## Physical Address (if different)

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

How many employees does your charity/ministry maintain? \_\_\_\_\_

How long has your charity or ministry been in operation? \_\_\_\_\_ yr. \_\_\_\_\_ mo.

Amount of grant you are applying for: \$ \_\_\_\_\_

Would the grant be matched specifically by other donors?  Yes  No

What percentage of your annual budget would the grant provide? \_\_\_\_\_ %

What percentage of your annual budget is expended on administrative and/or overhead costs? \_\_\_\_\_ %

What percentage of your annual budget depends on voluntary donations? \_\_\_\_\_ %

Do you regularly solicit donations through organized fundraising?  Yes  No

Describe how the grant would be used by your ministry (*attach additional sheets if necessary*):

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This form can be completed electronically, printed, and submitted:

**Via Mail**  
PO Box 675  
Syosset, NY 11791

**Via Fax**  
516-922-0954