Faith Episcopal Church

Mission / Outreach Proposal Form

Date Submitted:	Submitted by:
Organization Name:	
Project Name:	
Contact Name:	
Contact Email:	
Contact Phone:	
Financial support requested:	$
Other support requested: *In-kind donations* *Volunteer activity*	
How would the support be used? What would be the impact? When is support needed?	
How will you communicate results to Faith Church?	
Name and Mailing Address of who will receive the funds:	
Tax ID for the 501(c)3 organization:	

Please send your completed form to faithec@faithec.org