

**Workers of St. Alban's (WSA)  
St. Alban's Parish**

3001 Wisconsin Avenue, NW      Washington, D.C. 20016      202-363-8286

**GRANT APPLICATION** – *Please provide all information requested or explain why you cannot. Attach additional materials as needed.*

**A. Contact Information**

1. Organization name, address, telephone, fax, and email
2. Contact name, title, address, telephone, fax, and email
3. Referring person, address, telephone, and relationship to applicant organization (if relevant)

**B. Organization Information**

1. Describe briefly the history of the organization including date established, mission, and population served.
2. List any other affiliated organization/agencies.
3. Indicate number of staff:

Director	Full-time _____	Part-time _____
Other staff	Full-time _____	Part-time _____
Volunteers	Full-time _____	Part-time _____

**C. Grant Request**

1. Please provide a two to three line summary of the nature of the project or program for which you are requesting funds.
2. Indicate the service area which best describes the nature of the services that you provide:

<input type="checkbox"/> Housing	<input type="checkbox"/> Employment/Training Services
<input type="checkbox"/> Feeding	<input type="checkbox"/> Social Services
<input type="checkbox"/> Youth Education/Training	<input type="checkbox"/> Other (describe)
3. Describe your target population: Women; Men; Seniors; Youth; Families; Incarcerated/formerly incarcerated persons

**D. Amount Requested** – Indicate amount of funding requested. If your organization is seeking increased funding from WSA, please explain why and the impact on the organization's work that these additional funds will have.

**E. Specific Program Information**

1. Describe the activities or program for which funds are being requested.
2. Justification for the activity/program – Was there a survey/study made to determine need? How does this activity relate to the mission of the organization? How will it benefit the persons served?

3. Indicate the number of persons served by the program and frequency of service per day, per month, or per year:  
 Adults under 65: Women \_\_\_\_\_ Men \_\_\_\_\_ Children (under 18) \_\_\_\_\_  
 Seniors (65 and over) \_\_\_\_\_ Families \_\_\_\_\_  
 Incarcerated/formerly incarcerated persons \_\_\_\_\_
4. Staffing for the activity for which support is sought:  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Volunteer \_\_\_\_\_  
 Who will conduct the program/activity?
5. Will participants in the activity/program pay a fee? If so, how much?
6. How will the effectiveness or success of the activity/program be measured?  
 Have goals or benchmarks been established?
7. Provide an account of the impact of your most recent WSA grant on the work of the organization and the degree to which the goals established for activities supported by the grant were met.

**F. Financial Information for Organization**

1. When does your Fiscal Year end?
2. Percentage of organization's revenue that comes from the following sources:  
 Government: State \_\_\_\_\_ Federal \_\_\_\_\_  
 Foundations \_\_\_\_\_ Corporations \_\_\_\_\_ Churches \_\_\_\_\_  
 Affiliated Organizations \_\_\_\_\_ Individuals \_\_\_\_\_ Other \_\_\_\_\_
3. Date of last certified audit or review?
4. Date of the organization's most recent annual report?

**G. Attachments with Application**

1. Budget for activity/program that will be supported by the grant; provide breakout for principal categories of expenditure and revenues, if any
2. Operating Budget for organization (revenue and expenses)
3. Most recent Certified Audit financial review; if none, please explain
4. Latest Annual Report for organization
5. Organization's 501(c)(3) form

**H. Signatures**

*I certify that the funds requested will be used for the specific activity/program described in this application and not for any other purpose.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Executive Director Email address: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Person responsible for disbursing grant funds, if different