

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

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

WSA MISSION STATEMENT

Responding to the call of Christ, WSA supports projects that alleviate human suffering and directly affect and help those persons who are disenfranchised by poverty or are underserved. We reaffirm our belief that, as Christians, "our duty to our neighbors is to love them as ourselves and to do to other people as we wish them to do to us," and "to seek justice, freedom and the necessities of life for all people."

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, email
2. Contact name, title, address, telephone, email

B. Organizational Information

1. Describe the overall work of your organization.
2. Date established: _____
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. Indicate the area which **best** describes the nature of the services your organization provides:

- | | |
|---|---|
| <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) |

2. List other organizations with which you are affiliated (if applicable).

D. Amount Requested

1. _____ If this is an increase over last year, please explain why the additional funds are needed.

2. How were last year's funds spent and how were the goals for those monies met?

E. Specific Program Information

- 1. Please describe the specific program or project and population served.
- 2. How will the effectiveness of this program be evaluated?
- 3. Please indicate the number of persons served over the previous program year by the program or project (do not double count):

Men _____
 Women _____
 Children (under 18) _____
 Seniors _____
 Families _____

- 4. Do participants pay a fee? If so, how much?
- 5. Describe the staffing if different from above.
- 6. Please provide an example or story of the impact this program has had on an individual, family or group.

F. Financial Information for Organization

- 1. When does the fiscal year end?
- 2. Percentages of organization’s revenue that comes from the following sources:
 Government: State: _____ Federal _____
 Foundations _____ Corporations _____ Churches _____
 Affiliated Organizations _____ Individuals _____

G. Attachments with Application

- 1. Budget for project for which application is being submitted
- 2. Budget for entire organization
- 3. Most recent Certified Audit or financial review; if none, please explain
- 4. Latest annual report for organization or annual letter
- 5. Organization’s 501(c) (3) letter

H. Signatures

I certify that the funds requested will be used for the specified project/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