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www.stjamesbr.org

2018-2019 Outreach Grants Application Form

Name of Organization _____

President/Executive Director/Head _____

email _____

Treasurer or Financial Official _____

email _____

Individual to be contacted regarding this application _____

email _____

Organization Address _____

Organization Website (if applicable) _____

Organization Phone _____

Organization email _____

Yearly independent audit? Y____ N____ by: _____

Is a St. James member connected with your organization as an officer, volunteer, or board member? Y____ N____

If yes, name(s): _____

Grant Information

Title of Grant Request _____

Amount Requested (please fill out detailed budget on following page): \$ _____

Brief Summary of Grant Request:

Itemized Budget

Category	Description	Amount
Supplies		
Equipment		
Salaries (by position)*		
Other (please describe)		
	Total	

* We do not fund administrative salaries, administrative overhead, or fund-raising expenses. Only that portion of salaries or wages directly related to the funding request is allowed.

Supplemental Information

Please briefly answer the following questions on this sheet of paper if possible. If necessary, you may attach additional sheets.

1. What is your organization's mission?

2. Please describe the program this request will help fund, including especially the population it will impact and whether it is a one-time or multi-year program.

3. Please describe the specific problem or need to which the St. James Outreach funding will be applied. Consider whether this need can still be met if your request is only partially funded by St. James.

4. How will the grant's success be measured? Please let us know what qualitative and quantitative measures you will use, such as number of people impacted, etc.

Closing and Verification

Please ensure all questions have been answered, and attach these documents to your application:

- 501(c)3 verification
- Current and prior years' financial statements
- List of board members (if applicable)
- Any descriptive material (brochures, etc.) or publicity clippings

By signing this application, I certify that I am a duly authorized agent of the above named agency, and that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award.

Date: _____

Signature of President/Executive Director/Head