

Grant Application

OPTIONS FOR SUBMITTING YOUR APPLICATION:

GIVE to a SREF Board Member or **EMAIL** to edfororthodox@protonmail.com

Note: The Board meets the second week of every month to review grant applications. If you need an expedited response from us, please specify that in your grant request email.

| Applicant Name or | Organization | | |
|----------------------|-------------------------------|---|---|
| Contact Person | | | |
| Address | | | |
| Phone | Email | | |
| Home Parish | | Priest and/or Spiritual Fa | ther |
| | Pr (Ple | roject Description ase be detailed in your answers) | |
| Please describe you | ır project: | | |
| | | | |
| | | | |
| | | | |
| Who will directly be | enefit from the project? Des | cribe educational and/or spiritual k | penefits. |
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| | | | |
| How will you measu | are the success of your proje | ect? | |
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| | | | |
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| out a Final Grant R | Report within 30 days of y | | ng events. You will also need to fill uired. Future funding will not be |
| | | | |
| | Signature | | Date |
| | | *** OFFICE USE *** | |
| Review Date | Fund | Fund with Conditions | Do Not Fund |

