



## Saint Mark Catholic Church

9970 Vale Road

Vienna, VA 22181

Community Growth and Service Ministries

Telephone (703)938-1936

FAX (703)281-0675

### Tithing Allocation Committee Request for Funding

**Name of organization:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**Contact person (if different):** \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**SPECIFIC AMOUNT REQUESTED:**\$ \_\_\_\_\_

#### DESCRIPTION OF ORGANIZATION

• 501(c)3? Y N Tax identification number \_\_\_\_\_

What is the structure of the organization? \_\_\_\_\_

Please attach an organizational chart.

Overall purpose: \_\_\_\_\_

Number and type of staff employed: \_\_\_\_\_

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Volunteer involvement in the organization and this project: \_\_\_\_\_

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**ORGANIZATION’S ACTIVITIES & CLIENTS:**

Primary programs and services: \_\_\_\_\_

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Major goals for the next 18 months: \_\_\_\_\_

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Who are the people you serve? \_\_\_\_\_

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Number of people served during the last 12 months: \_\_\_\_\_

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Mission statement/vision/values: \_\_\_\_\_

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**DESCRIPTION OF PARTICULAR PROJECT (if applicable):**

Description of this particular project (if applicable) with goals and measurements, including how you measure success: \_\_\_\_\_

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**ORGANIZATION’S BUDGET & FINANCES:**

Please attach a copy of the current year’s budget that shows sources and uses of funds as well as expenditures, including salaries.

- Do you regularly receive donations to support your operation? Y N
- What percent of your budget revenue comes from such donations? \_\_\_\_\_

Please identify some of your major past contributors, if possible: \_\_\_\_\_

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What will be your specific use of the funds requested from St. Mark? \_\_\_\_\_

What is the detailed budget for this project (if applicable)? \_\_\_\_\_

**OUTCOMES:**

How will this project help support your organizational purpose? \_\_\_\_\_

- Would you be willing to have a St. Mark committee representative visit your organization to review this application and project? Y N
- Name of any St. Mark staff, teachers or employees who have firsthand knowledge of your organization (if applicable)
- Name & phone number and email addresses of 2 references (other than St. Mark staff, teachers or employees) we may contact who have firsthand knowledge of your organization (other than the names listed above). Prefer those local to the Washington, D.C. metro area and affiliated with St. Mark:

St. Mark expects a progress or final report describing project outcomes, financing, and your overall opinions about the activity. Furthermore, St. Mark requires a detailed financial report prior to considering any future request for funding.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_