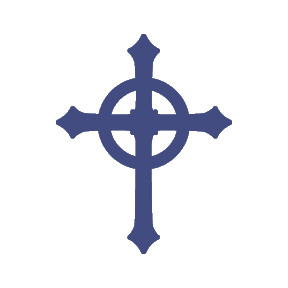
**CHRIST CHURCH CHRISTIANA HUNDRED**

P. O. Box 3510, 505 E. Buck Road

Wilmington, Delaware 19807-0510

Phone: (302) 655-3379

Website: www.christchurchde.org

**OUTREACH COMMITTEE**

**Funding Application for 2025**

**OUR VISION:** Through God’s grace, we will connect Christ Church members with our neighbors in need, providing mutually transformative opportunities seeking to eliminate poverty and injustice in our community.

**OUR MISSION:** To provide funding to nonprofit agencies that feed, clothe, house, educate, and advocate for our neighbors in need, impacting and improving the lives of those experiencing poverty and injustice in our community.

Complete and return to: Or email to:

The Outreach Committee [outreach@christchurchde.org](mailto:outreach@christchurchde.org)

Christ Church Christiana Hundred

P. O. Box 3510, Greenville

Wilmington, DE 19807

**Name of Organization:**

**Address:**

**Phone:**   **Email:**

**Executive Director:**

**ED Phone:** **ED Email:**

501(c)3 tax status is required for funding. Please supply your EIN#:

**Organization’s Mission:**

**What is your funding request from the Outreach Committee?**

Please provide a short summary of the specific program for which you are requesting funds, maximum of 40 words. This may be used in our promotional materials:

**Please describe the specific program for which you are requesting funds, which persons will be served by it, the program’s most critical component, and how it meets our criteria:**

What specific outcomes do you expect to achieve with our funding?

Estimated number of people served in the program supported with our funding:

**Names of members of Christ Church who were active in your organization in 2022, 2023, or 2024:**

Please describe opportunities for volunteer support, if any, from Christ Church parishioners in the program for which funding is being requested or in other areas in your organization:

Please describe any possible volunteer activities over the next year. Include the number of volunteers, number of hours, and possible dates:

Describe ways in which the program for which these funds are requested involves collaboration with other organizations in order to increase impact:

**Name and title of person completing this application:**

**Date:**

**PLEASE USE THIS FORM AND ATTACH:**

* Summary of expected income and expense for the program for which funding is requested
* List of board members
* Listing of major sources of funding for the organization
* Organization’s most recent audited financial statements (if available)
* Most recent Federal 990 filing, if applicable
* 501(c)3 certification (new applicants, if available)

**Electronic submissions will receive an email confirmation of the submission.**

**APPLICATION MUST BE RECEIVED IN THE PARISH OFFICE BY 5 PM ON JANUARY 31, 2025.**