## **BOSTON BAPTIST SOCIAL UNION**

## FRED DRAUSCHKE

Telephone (781) 662-6262

CHAIRMAN COMMITTEE ON CHRISTIAN WORK BOSTON BAPTIST SOCIAL UNION 34 OAKLAND ST MEDFORD, MA 02155

This Committee is responsible for making grants that reflect the spirit and the letter of certain wills. We are the stewards of God and these men. The proceeds of the funds, while generous, do not always provide sufficient resources to meet the ever growing needs and consequent requests. In order to be good stewards of the monies we do have, and in fairness to all, we seek to operate under a few simple guidelines. Although these are guides and not rules, your cooperation will be a consideration. Submissions for less than \$1,000. may respond to #1, 5 & 9, other #s are optional but will be noted if answered. PART 1 IS FOR ALL.

Grants are provided for a single fiscal year - April 1 to Mar. 31 - and must be REQUESTED ANNUALLY. Requests are to be received by the 15th of FEBRUARY which precedes the fiscal year. 16 copies of the request with supporting papers should be furnished.

REGULAR REPORTS are expected from recipients. The schedule will be stated in the letter confirming the grant.

Recipients grant Committee members permission to view the work being supported by this grant. In addition the Committee, in whole or in part, may request a meeting with the contact person at a mutually agreeable time.

All correspondence should be addressed to the Chairman unless otherwise directed.

## **Application Part I**

| REQUEST FOR A GRANT                                                                                                                                                                      | Submitted://   |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|
| Sponsor:                                                                                                                                                                                 |                |  |  |
| Address:                                                                                                                                                                                 |                |  |  |
| City:                                                                                                                                                                                    | State and ZIP: |  |  |
| What group will conduct the project?                                                                                                                                                     |                |  |  |
| Tax Identification Number(TIN):                                                                                                                                                          |                |  |  |
| The primary contact person:                                                                                                                                                              |                |  |  |
| Telephone: ()                                                                                                                                                                            |                |  |  |
| Contact Email:                                                                                                                                                                           |                |  |  |
| Organization Website (if available)                                                                                                                                                      |                |  |  |
| Subsidiary organizations must have the official approval of the parent sponsor. <b>EVERY</b> request must be signed here by the Pastor or Chief Presiding Officer of the parent sponsor: |                |  |  |
| /s/                                                                                                                                                                                      | Title:         |  |  |
| Print Name:                                                                                                                                                                              |                |  |  |

## **Application Part II**

1. Describe the proposed or existing mission for which funds are being requested, its purpose, and specific steps to be taken to accomplish the stated ends, together with projected time frames. Existing programs should include an evaluation of the prior year's activities and proposed modifications, if any.

- 2. If a CONTINUING program, how many persons were served this past year, in what geographical areas, cultural groups and age groups? What growth do you expect?
- 3. If a NEW project, how many do you anticipate will be served, what geographical area, cultural and age groups?

| 9.  | THE AMOUNT REQUESTED FROM THE BOSTON BAPTIST SOCIAL UNION for one year                                                                                                                                |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.  | THE AMOUNT REQUESTED FROM THE BOSTON BAPTIST SOCIAL UNION for one year from April 1 to Mar 31 is: \$                                                                                                  |
| 10. | If we are able to provide financial assistance for only this year, what do you foresee will occur?                                                                                                    |
| 10. | When can this program become self supporting?                                                                                                                                                         |
|     | Do you anticipate applying to us next year?                                                                                                                                                           |
|     | This form may be reproduced. Responses on extra pages should note the $\#$ of the paragraph to which they refer.                                                                                      |
|     | v v 1                                                                                                                                                                                                 |
| 10. | When can this program become self supporting?  Do you anticipate applying to us next year?  This form may be reproduced.                                                                              |
| 0.  | When can this program become self supporting?                                                                                                                                                         |
| 9.  | ·                                                                                                                                                                                                     |
|     |                                                                                                                                                                                                       |
| 8.  | Specify from what other sources you are requesting funds. What commitments do you already have and in what amounts?                                                                                   |
|     | Total hours per week for weeks. Total \$'s for the year.                                                                                                                                              |
|     | volunteers? Total hours per week for weeks.                                                                                                                                                           |
| 7.  | How much "sweat equity" and what extra gifts do you anticipate may be contributed by                                                                                                                  |
| 6.  | List by title and name the officers and administrators and the total payroll, stipends and allowances for this group. For all other participants, furnish the total payroll, stipends and allowances. |
|     | (#4. & # 5. Should be for the <b>ENTIRE</b> organization but reveal specific \$ 's related to this project).                                                                                          |
| 5.  | Submit the BUDGET covering the year the grant will be used.                                                                                                                                           |
|     |                                                                                                                                                                                                       |
| 4.  | Submit FINANCIAL reports for the past year. This includes a comprehensive BALANCE SHEET showing Reserve and Capital Funds.                                                                            |