

*St. Timothy's*  
**OUTREACH**  
*Transforming Compassion*



ST. TIMOTHY'S EPISCOPAL CHURCH

**OUTREACH GRANT APPLICATION**

**ST. TIMOTHY'S OUTREACH MISSION:**

- ✠ Open our eyes that we may see the needs of others.
- ✠ Open our ears that we may hear the cries of those in need.
- ✠ Open our hearts that the needy not be without succor.
- ✠ Defend the weak and defend the poor.
- ✠ Learn where love and hope and faith are needed.
- ✠ Use our God-given gifts to do God's work.

*All organizations seeking funding from the St. Timothy's Outreach Grant Budget must provide services that advance the St. Timothy's Outreach Mission.*

Name of Organization		Application Date	
Contact Person		Grant for Calendar Year	
Address	City	State	Zip
Phone	Fax	E-mail	

Mission of Requesting Organization \_\_\_\_\_

How is Success Measured \_\_\_\_\_

Number of Persons Served Annually

---

Full-time Employees

Part-time Employees

Volunteers

---

Annual Operating Budget \$

---

Source(s) of Revenue

---

% of Budget Used for Administration and Fund-raising

---

Amount Requested from St. Timothy's Outreach \$

---

Planned Use of Funds *Use Separate Sheet if Required*

---

Expected Impact of the Funds on the Work of the Organization *Use Separate Sheet if Required*

---

Additional Information Relating to this Request *Use Separate Sheet if Required*

---

Return Application to:

Outreach Grant Team, St. Timothy's Episcopal Church, 808 N. Mason Rd., St. Louis, MO 63141

or scan and e-mail to: [sttim@saint-tims.org](mailto:sttim@saint-tims.org)

*For Outreach Grant Committee Use*

How does this Grant Application Fit the Mission and Ministry of St. Timothy's? *Use Separate Sheet if Required*

---

Parishioners Directly Involved in the Organization (as Board Members, Volunteers, etc.)

---

Amount Granted \$

Date Processed

---

Impact Report from Organization Due

---