**2025 GRANT APPLICATION**

**FRAME MEMORIAL PRESBYTERIAN CHURCH**

**1300 MAIN STREET**

**STEVENS POINT, WI 54481**

**715-341-3040**

[***office@framepres.org***](file:///C%3A%5CUsers%5Coffic%5C2022%5Coffice%40framepres.org)

Please note that *Grant Applications* must be

**submitted via email**.

You will receive an email confirmation within one week

that your grant application has been received.

Please contact us with questions―we will respond as quickly as possible.

**Frame Memorial Presbyterian Church Mission Statement**

*Frame Memorial Presbyterian Church is a welcoming, inclusive community. We invite all who seek to follow in Jesus Christ into full participation in the life and leadership of our church. We serve God by demonstrating our commitment to mission outreach to those in need and through our environmental stewardship.*

Frame Memorial Presbyterian Church is accepting applications for the 2025 Community Grants from 501(c)(3) organizations serving individuals, families, or groups **in Portage County**. The Community Grants help existing organizations to continue with efforts to serve the community or to fund a new project within an existing organization. The application must show how these monies will be used to **enhance people’s skills or meet people’s basic needs**. **Please note: We do not fund general operating expenses including salaries, fundraising activities, capital improvements, computers or other technological equipment.**

The following requirements must be met, and all requested information must be provided in your application materials in order to have your grant considered.

* Email your Grant Application to the church office no later than **noon on Monday, June 2.** (Applications arriving after this time will not be considered.)
* Grant Application must be typed (12 pt. font).

**Narrative**

* Provide a brief overview of your 501(c)(3) organization to include purpose and general activity.
* Describe the program for which funding is being requested.
* Indicate and discuss how the request will be used to *support continuing efforts to enhance people’s skills* and/or *meet people’s basic needs.*
* Indicate approximately what percentage of beneficiaries are from Portage County.

**Budget**

* Grant request budget detail clearly stated – see Budget Detail Format form below
* Detail aligns with and is justified in the narrative section of the application
* Includes itemized detail as relevant
* Includes sub-total detail as relevant
* Indicates matching fund amounts and/or requests for funds from other agencies
* Total request

**FRAME MEMORIAL PRESBYTERIAN CHURCH**

**Community Mission Grant Application Form 2025**

Name of Organization:

Address of Organization:

Requested Amount:

Tax-Exempt Identification Number:

Purpose/Mission Statement:

Person Requesting Grant:

Contact Person:

Phone Number:

Email Address:

Website/Social Media link:

**NARRATIVE**

Overview of your organization. How long has your organization been serving people in Portage County?

Describe the program for which funding is being requested. Please specify if this is a new initiative.

Describe (and justify) specifically how grant funds will be used to *support continuing efforts to enhance people’s skills* and/or *meet people’s basic needs.*

Approximate number of persons who will benefit: *(Also indicate the percentage of those served residing in Portage County.)*

**BUDGET DETAIL FORMAT**

***Please note: We do not fund general operating expenses including salaries, fundraising activities, capital improvements, computers or other technology equipment.***

TOTAL COST OF PROGRAM/PROJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER SOURCES for financial support: \_\_\_yes \_\_\_no (Please list)

**Budget Request – itemized:**

Specific item cost $ X number needed total $\_\_\_\_\_\_\_\_\_\_

Specific item cost $ X number needed total $\_\_\_\_\_\_\_\_\_\_

……continue

Sub Total $\_\_\_\_\_\_\_\_\_

Matching or funds from other sources $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL REQUEST $\_\_\_\_\_\_\_\_\_**