



St. LUKE'S  
EPISCOPAL CHURCH

## St. Luke's Episcopal Church New or Revised Grant/Project/Program Proposal (please circle one)

All new and revised Programs or Projects require the review and recommendation of Steering Committee, and approval from Vestry. This review will be initiated after the completion of this document. Resource allocation and coordination will be considered when reviewing the proposal.

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### 1. Program/Project Overview

Please give an overview of this project/program, including how it will meet the Mission, and Core Values of St. Luke's (attached).

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### 2. Specifics

Time Frame for implementation:

Planning:

Start-up:

Please identify by name, 2-3 members of St. Luke's Church who will make this program succeed.

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### **3. Proposed Funding**

What is the funding source?

Potential Grant Source?

What is the anticipated budget for the start-up first year, and what are the anticipated annual budgets for on-going operation?

- a) How do you plan to support this program in the first and subsequent years of operation?
  
  - b) Do you have ideas for outside funding, and if so, please identify the source of funding and why you feel such a request will be approved?
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### **4. Communication Plan**

What groups do you see needing information regarding the project/program?

Communication plan for start-up, ongoing and success reports.

**NOTE: Please make sure your budget in item #3, includes the cost for Communication or Marketing.**

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**5. Resources required of St. Luke's (numbers & frequency)**

People

Space

Dollars

Marketing/promotion need

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**6. Interface**

If this involves our "outside" community, with whom shall we "affiliate/interface"? Are Values compatible with St. Luke's

**Contact information for this "affiliated/interface" organization:**

Name

Phone

email

Groups at St. Luke's which may support or interface with program/project:

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**7. Evaluation Criteria**

Criteria for measuring the success of the project/program:

Person responsible for this review:

Date review will take place (end of first 6 months and yearly):

What criteria will be used for the termination decision for this project/program?

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**8. Other information** you believe should be shared:

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\_\_\_\_\_  
Signature (of person(s) submitting)

\_\_\_\_\_  
Printed Name (of person(s) submitting)

\_\_\_\_\_  
Signature (of person(s) submitting)

\_\_\_\_\_  
Printed Name (of person(s) submitting)

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Steering Committee recommendation \_\_\_\_\_

Steering Committee Chair(s) signature: \_\_\_\_\_

Date \_\_\_\_\_

Vestry Approval \_\_\_\_\_

\_\_\_\_\_  
Vestry member signature

Date \_\_\_\_\_

\_\_\_\_\_  
Vestry member signature

Date \_\_\_\_\_



ST. LUKE'S  
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### **St. Luke's Mission**

To build and grow a mature congregation full of vitality, well-being, and spiritual growth.

To attract the intellectually curious who seek understanding about life's ultimate meaning and purpose.

### **St. Luke's Core Values**

#### **Prayer**

"And pray in the spirit on all occasions with all kinds of prayers and requests." **Ephesians 6:18**

#### **Respect**

"Honor everyone. Love the family of believers. Fear God." **1 Peter 2:17**

#### **Hospitality**

"Whoever accepts anyone I send accepts me." **John 13:20**

#### **Service**

"For even the son of man did not come to be served, but to serve." **Mark 10:45**