

complete, "save as" to your files, attach and email to: canonsk@episcopalak.org by deadline

EPISCOPAL DIOCESE OF ALASKA FAITH INTO TOMORROW ENDOWMENT **CASE 5 – CARING FOR VICTIMS OF POVERTY AND ABUSE 2024 APPLICATION FORM**

Name of Church or Group		
Mailing Address and Phone Number		
Name of Program	Amount requested	\$
Were you awarded funds for Case 5 FIT grant last year?	Yes	No
1. Tell us about your program and what you are requ	esting in this grant.	,
2. How will your program care for victims of poverty	and abusa?	
2. How will your program care for victims of poverty	and abuse:	
B. Describe how the local Episcopal Church is involve	d in this program.	
Describe non the form Episcopul Church is involve	a in this program.	

4. Why are you doing this program?		
5. Tell us what you will spend this gran dollar amounts.	t money on by providing us with a list of items with	
6. Are there similar programs in your oppogram be different from what is curre		
7. How will your program function if yo	ou do not receive all of your funding request?	
8. Name a contact person who can answ	ver questions about this request.	
Name	Daytime/Evening Phone	
Address	e-mail	
Applications must be postmarked no later	than October 11 2024 and sent to:	
Chairman	than October 11, 2027 and sont to.	
Faith Into Tomorrow Oversight Comn	nittee	
1205 Denali Way	I certify that this application is consistent with	
Fairbanks, AK 99701	the mission vision of the Diocese of Alaska. Bishop or Ecclesiastical Authority	
Or email to: canonsk@episcopalak.org		