

## 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 2025 APPLICATION FORM

Fill out the application clearly and to the best of your ability. Include additional pages if needed.

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.	,
	1.1.0	
2. How will your program care for victims of poverty	and abuse?	
3. Describe how the local Episcopal Church is involve	d in this program.	

4. Why are you doing this program?		
5. Tell us what you will spend this gradollar amounts.	ant money on by providing us with a list of items with	
6. Are there similar programs in your program be different from what is cur		
7. How will your program function if	you do not receive all of your funding request?	
O N		
8. Name a contact person who can ans	•	
Name	Daytime/Evening Phone	
Address	e-mail	
Applications must be postmarked no late	er than October 11, 2025 and sent to:	
Chairman		
Faith Into Tomorrow Oversight Com	amittee	
1205 Denali Way Fairbanks, AK 99701	I certify that this application is consistent with the mission vision of the Diocese of Alaska.  Bishop or Ecclesiastical Authority	
Or email to: canonsk@episcopalak.org	·	