

**Grace Methodist Church
Endowment Committee
2024 Drug & Alcohol Recovery Fund Application**

Demographic Information:

Agency seeking funding: _____

Name of primary contact: _____

Mailing address: _____

Phone contact: _____

Email address: _____

Website: _____

Information for Drug & Alcohol Treatment Program seeking funding.

1. Are you a faith-based organization? _____
2. What is the inception date of your program? _____
3. Is your program registered as a Pennsylvania Non-profit? _____
4. What is your annual budget? _____
5. What are your revenue sources? _____
6. Do you accept clients without healthcare coverage? _____
7. What is the number currently enrolled in your program? _____
8. What is the age range of individuals served by your program? _____
9. What is the success rate of persons completing your program? _____

On the back of this application, or on a separate piece of paper, please answer the following:

- A. In what manner does your organization provide assistance specifically for drug and alcohol recovery in Indiana County?
- B. Please describe in as much detail as possible how any monetary award would be used by your organization.
- C. Please provide us with your Mission Statement.
- D. If possible, please enclose a brochure or other relevant information for our review.

Application Deadline: April 30, 2024
Return to: Endowment Committee, Grace Church, 712 Church Street, Indiana, PA 15701