

Workers of St. Alban's (WSA)
St. Alban's Church
3001 Wisconsin Ave. NW Washington, DC 20016

WSA GRANT APPLICATION

Please provide all information requested or explain why you cannot. Attach additional materials as needed.

WSA (Workers of St. Alban's), fulfilling its Christian obligation, supports projects that alleviate human suffering and directly affect and help those persons who are disenfranchised by poverty or are underserved in the DC Metro area.

For the 2025 grant cycle, applications must be submitted no later than January 10, 2025.

A. Contact Information

- 1. Organization name, address, telephone, email
- 2. Contact name, title, address, telephone, email

B. Organizational Information

- 1. Describe the overall work of your organization.
- 2. Date established: _____
- 3. Indicate the number of staff:

Director	Full-time _____	Part-time _____
Other Staff	Full-time _____	Part-time _____
Volunteers	Fill-time _____	Part-time _____

C. Grant Request

1. Indicate the area which **best** describes the nature of the services your organization provides:

- Children/Education/Families
- Employment
- Feeding
- Housing

2. List other organizations with which you are affiliated (if applicable).

D. Amount Requested (2025/2026) _____

If your agency has received WSA grants in the past and this request is an increase over your most recent grant, please explain the following:

- 1. Why are the additional funds needed?
- 2. How was the last grant spent and how were the goals for those monies met? If these goals were not met, please explain why.

E. Specific Program Information

1. Please describe the specific program or project for which support is being requested and the population that will be served. How will the effectiveness of this program or project be evaluated?

2. Please indicate the number of persons served by this program or project during the previous program year.

Men_____

Women_____

How many of the above do you consider Senior? _____

Children_____

3. Do participants pay a fee? If so, how much?

4. Describe the number and relevant experience of the people directly involved in staffing this program or project.

F. Impact of this Program or Project

Please provide at least one brief example or story of the impact this program or project has had on an individual, family, or group.

G. Financial Information for Organization

1. When does the fiscal year end?

2. Percentages of the organization’s revenues that come from the following sources:

Government: State_____ Federal_____

Foundations_____ Corporations_____ Churches_____

Affiliated Organizations_____ Individuals_____

H. Attachments with Application

1. Budget of the project for which support is being requested

2. Annual Budget for organization

3. Most recent Certified Audit or financial review. If none, please explain

4. Latest annual report for organization or annual letter

5. Organization’s 501c3 letter

I. Signatures

I certify that the funds requested will be used for the specified project/program described in this application and not for any other purpose.

Signature_____ Date_____

Executive Director Email address_____

Signature_____ Date_____

Person responsible for disbursing grant funds, if different