

St. Christopher's Outreach Reviewer Recommendation Form

1. Name/address of Organization: _____

2. Requested funds/purpose (operating/capital): _____

3. Reviewer: _____ Recommendation: _____

4. Brief description of program (tracking grant application)

a. History/mission:

b. Current program(s):

c. Who is served? Neighborhood, which members? How many, how often?

d. Staffing/Volunteers/Board of Directors

e. How is program's effectiveness assessed?

5. Budget

6. Church Affiliation?

a. St. Christopher's or other

b. Grant history with St. Christopher's (# years/amounts)

c. Parishioner involvement (names/type of activity)

7. Any other relevant information?

If funded, how should the check be made out and to whom should it be sent and at what address? _____

