**Episcopal Men’s Fellowship**

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| **Date** |
| **Organization** |
| **Contact Person** |
| **What is the mission of your group/organization?**  **Has the group previously received monies from EMF? If so, when?**  **If yes, how were the monies used?** |
| **Amount requested:** |
| **Purpose of monies?** |
| **EMF USE ONLY**  Disapproved \_\_\_\_\_ If Approved, amount allocated $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Grant Request** Due by August 20, 2018