Financial Assistance Application for

Institutional Hardship and New Projects & Ministries Within the Archdiocese of Washington, D.C.

This application is only to be completed for financial assistance requests regarding institutional hardship or new projects and ministries. If you are requesting financial assistance for clergy hardship, you do not need to complete this application. Instead, please contact His Beatitude, Metropolitan Tikhon directly with your request.

This application and all supporting documentation are to be submitted to the Distinguished Diocesan Benefactors (DDB) Committee of the Archdiocese of Washington, D.C. by one of the following deadlines in any given year: 31 March; 30 June; 30 September; or 31 December. The DDB Committee will review the application and make a decision, to include financial disbursement, no later than 45 days after a deadline has passed. The application and all supporting documentation can be emailed to secretary@wdcoca.org, or physically mailed to the following address: Archdiocese of Washington, 7124 River Road, Bethesda, MD 20817-4770, Attn: DDB Committee. Please note in your submission if you would like the DDB Committee to contact you to discuss your application.

Please check one of the following:	☐ Institutional Hardship Assistance		
	New Projects & Ministries Assistance		
Organization Name:			
Organization Address:			
Primary Contact Name:			
Primary Contact Phone and Email:			
Position / Role within the Organization	tion:		
Alternate Contact Name:			
Alternate Contact Phone and Email	:		
Position / Role within the Organizat	tion:		

 Describe the institutional hardship or new project / ministry for which you require assistance. For new projects and ministries, please describe how it expands withe Orthodox Faith within the Archdiocese of Washington, D.C. 				
2.	Describe the efforts you have already pursued to acquire the required financial resources, and why you are reaching out to the DDB of the Archdiocese of Washington, D.C.			
2.				
2.				
2.				
2.				
2.				

3.	Provide a summary of your organization's financial information for the past three years:			
	Income Past 12 Months:	Expenses	Past 12 Months:	
	Income Past 12-24 Months:	Expenses	Past 12-24 Months:	
	Income Past 24-36 Months:	Expenses	Past 24-36 Months:	
	Current Total Assets (Checking	ng, Savings, Mutual Funds, St	ocks, Bonds, etc.):	
4.	What is the amount of financial a	assistance you are requesting	from the DDB?	
5.	Please select one of the following	g: One-time Request		
		Annual Recurring Re	quest No. of Yrs. (Max 3)	
6.	Describe how financial assistance from the DDB will relieve your institutional hardship or assist you in executing you new project / ministry. Please include a plan for achieving self-sustainment after financial assistance from DDB concludes.			
7.	•	ements for your organization your organization	•	
l re	3. Please print, sign and return the application. See return instructions at the beginning of this form. represent to the best of my knowledge that the information presented in this application is accurate, and not intentionally or negligently falsified in any manner.			
Pri	nted Name	Signature		