



Grant Application

APPLICANT INFORMATION

Organization _____ Individual Contact _____

Address _____

City, State, Zip

Phone _____ Email _____

AMOUNT AND TYPE OF SUPPORT REQUESTED

The dollar amount being requested: \$ _____ Total project budget: \$ _____

Date funds are needed: _____

PROPOSAL SUMMARY

Project name: _____

Please give a detailed description of the project request (attach description if necessary):

How does the project serve Christ and further His kingdom?

How does the project benefit Christ Lincoln?

Signature of Applicant: _____ Date: _____

Signature of COO or DOM: _____ Date: _____

For Foundation Use Only

_____ Date Application Received

_____ Date Application Considered —Board

_____ Application Denied

_____ Date Grant Payment Issued

_____ Date Reviewed —Director of Ministries

_____ Application Granted

_____ Date Application Considered —Committee

_____ Amount of Grant

**Return Completed application form to: Gary Hamilton / CL Foundation Grants Committee or
via email ghamilton1@windstream.net.**