

## 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: Brad Philson / CL Foundation Grants Committee or  
via email [bradphilson@gmail.com](mailto:bradphilson@gmail.com).**