



**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):

\_\_\_\_\_  
\_\_\_\_\_

Please provide a detailed budget breakdown for the project including any known quotes or estimates.

\_\_\_\_\_  
\_\_\_\_\_

How does the project serve Christ and further His kingdom?

\_\_\_\_\_  
\_\_\_\_\_

How does the project benefit Christ Lincoln?

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of 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).**