



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: Ryan Burger / CL Foundation Grants Committee or via email ryan_burger2@yahoo.com.