



Faith Lutheran Church Endowment Fund Grant Request

1300 Oak Ridge Turnpike
Turnpike at Viking
Oak Ridge, TN 37830
Phone: 865-483-5431
Fax: 865-483-1202
<http://www.FaithOakRidge.com>
e-mail: faith@FaithOakRidge.com

Attach Additional pages as needed

1. Total Amount requested for this application: _____

2. Organization Name: _____

3. Describe your proposed project:

4. Where is this project located?

5. Who will be involved in completing this project? (include collaboration with other organizations)

6. Budget items. How will you allocate the funds? Include capital expenses, personnel, equipment, and public relations costs?

7. Why is there a need for this project, and what do you plan to accomplish?

8. When will the project be completed? (May include time line)

9. With the application for funding, you agree to submit a summary report of the completed project. Who will complete this summary/interim report(s)? (provide name, address and phone number)

10. If the request is granted, the Endowment Fund Committee will need the name, address, phone number, and e-mail address of the entity that is to receive the check. Preferably, checks should be made out to an organization, not to an individual, if possible.

X

Applicant's Signature

Date

Applicant's Phone Number

Applicant's E-mail Address

For use by Endowment Committee

_____ APPROVED Date _____

_____ DENIED