Endowment Fund
Grant Application Form

Shalom Lutheran Church
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Alexandria, MN 56308
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Applicant's Contact Information

Committee Name: _____ **Contact Person:** _____

Full Name: _____

Address: _____
Street City State Zipcode

Phone Number: _____ **Email Address:** _____

Applicant's Signature: _____ **Date:** _____
MM / DD / YYYY

Grant Request Information

Total Amount Requested:
(not to exceed $1,000) _____ **Project Location:** _____

Describe Your Project:

Describe the Need for This Project:

What Impact Do You Hope This Project Will Have?

Who Will Be Involved in Completing This Project? **(Committee name and/or individual names)**

List Other Groups Collaborating With You to Complete This Project:

How Will Funds Be Used? **Provide estimate or documentation of item(s) or services to be purchased. (attach copy of estimate or quote)**
(ex: capital expenses; personnel; equipment/supplies; promotion; transportation; publicity/advertisement, etc.):

Project Time Line and/or Completion Date:

Who Would Be Responsible for Completing a Project Summary Report if Application is Successful?

Full Name: _____

Address: _____
Street City State Zipcode

Phone Number: _____ **Email Address:** _____