

**Fredsville Lutheran Church Endowment Committee
Grant Application Form**

Organization Name: _____
County _____
Mailing Address: _____ City: _____ Zip: _____
Telephone: _____ Fax: _____ Website: _____
Year Organization was founded: _____
Organization 501 (C) (3) status: _____
Authorizing Official: _____ Title: _____
Amount of Grant Request: _____
Fredsville congregational member recommending this organization: _____

Briefly state the mission of your organization and define its purpose.

Provide a brief summary of your proposed project (if this request is for a specific project).

Estimate the total number of people who will take part in activities supported by this grant: _____

Describe your organization's geographic area of service. Please be specific. Name the city, county, or multi-county region that your organization serves with its programs and services:

The Project Director and Authorizing Official certify that the information contained in the application is true and correct to the best of our knowledge.

Signature of Authorizing Official _____ Date _____

Your application must be postmarked and, in the mail, no later than March 1st. Sometimes a fall distribution is available, and anything received by October 1st will be considered.

Send it to:

**Fredsville Lutheran Church
32756 150th Street
Cedar Falls, IA 50613**