Messiah Lutheran Church Mission Endowment Fund Grant Application

Name o	of Organization:		
Grant ty	ype: Community	_ Charitable/Non-profit o	rganization
Contac	t Person:	Phone/	Email:
Organiz	zation Address:		
Date of	Application:	Amount of Re	quest:
Time fra	ame for which funding is being	g requested:	_ through
support return t	rant is designed to improve ting ministry to and within s three copies of this form and ment Committee chairman at	pecial populations with I three copies of all sup	unmet needs. Please
k	Please describe the specific pose used. Is this a new progristorical background and resi	gram? If this is an on-	
2. \	What specific outcome(s) will	occur as a result of this g	grant?

3. Who will oversee and work on the progra	m? What are their qualifications?
4. Briefly describe your organization, its hist (You may choose to attach three brochures)	ory, purpose and mission.
 Our organization is registered with the state as a charitable/non-profit organization. 	e/country of
My signature indicates that I understand and a	gree to the following:
By my signature, I agree that our organization being funded through this grant. We hold as I members of Messiah Lutheran Church and the the authority to sign and speak for the organiz information about the program for which I am seability to implement the program outlined. I furth is not completed within the time frame and speak will return on request the grant monies distributed.	harmless all officers, employees, and Endowment Fund. In addition, I have ration listed. I have represented fairly eeking funding and our organization's her agree that if the program outlined ecifications outlined, our organization
Signature and title of applicant	Name of applicant (please print)
Submit application to: Director of Endowment Com Messiah Lutheran Church 2691 NE Pine Island Road Cape Coral FL 33909	mittee

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