

PROPOSAL INFORMATION FORM

Individuals named in #2, 3 and 4 may not be the same person or related to each other.

All fields on this form must be completed. Please type or print clearly.

1. Organization Requesting Funds:

This would be the non-profit (under U.S. or Canadian law) organization to whom the grant checks would be written.

Denominational Affiliation:

Mailing Address:

Phone:

Fax:

Email:

Amount Requested:

URL:

2. Project Director: *(title, first name, last name)*

This person will be responsible for supervising the program, preparing the final program report, and attending the Grant Project Development Event and the Grant Colloquium. Our primary communication will be with this person.

Mailing Address:

Work Phone:

Home Phone:

Cell Phone:

Fax:

Email:

3. Person Legally Responsible for Signing Grant Contracts: *(title, first name, last name)*

Typically, an officer of the congregation or organization, a leading member of its board or council, or a staff member or pastor.

Mailing Address:

Work Phone:

Home Phone:

Cell Phone:

Fax:

Email:

4. Budget Officer: *(title, first name, last name)*

Typically, this would be the treasurer or financial administrator of a church or organization. This person will be responsible for preparing a mid-year budget and the year-end budget on the distribution of funds.

Mailing Address:

Work Phone:

Home Phone:

Cell Phone:

Fax:

Email:

5. How did you learn about this program?

Attach one copy of this form as the cover page to each of the 11 copies of the proposal.

Submit two additional copies of this form.