

Date of Application _____

I. ORGANIZATIONAL INFORMATION

Organization Name _____

Address _____

City, State, Zip _____

Telephone _____ E-Mail _____

Year Established _____

Name of Executive Director _____

Name and title of contact person regarding this grant application _____

Is the organization part of the Disciples of Christ denomination? YES _____ NO _____

Is yes, please explain the relationship _____

Number of paid staff _____

Please list any members of Country Club Christian Church that are active with the organization

Are there opportunities for members of Country Club Christian Church to serve with your organization? Yes _____ No _____

Which Grant Category is the organization asking for funding?

_____ Sustaining Grant

_____ Special Grant

II. FINANCIAL INFORMATION

What is the amount of funding the organization is requesting? _____

What is the total operating budget for the organization? _____

Total Income Ratios

Total Program Service Expense _____%

Management & General Expense _____%

Fundraising Expense _____%

What is the closing date of the organization's fiscal year? _____

Has the organization received funding from any entity of Country Club Christian Church in the last three years? If so, please provide a listing of all gifts received and the specific source.

III. PROPOSAL SUMMARY

Name of organization to which grant would be paid. Please list exact legal name.

Is this request for (please check) _____ General Support _____ Project Support

Project Name (if applicable): _____

Total Project Budget (if requesting project support): _____

I hereby confirm with my signature that I have verified the information and have the authority to approve the contents of this application. The organization receiving funding from the Outreach Funding Program agrees to provide the appropriate information by the date listed in the acknowledgement letter. Furthermore, by signing this document, the representative for the

organization acknowledges that the organization does not knowingly discriminate on the basis of race, color, religion, gender, national origin, age, disability, marital status or status as a veteran.

Signature

Date

Title