

**TRINITY LUTHERAN CHURCH TRUST
GRANT REQUEST APPLICATION**

Request Date: _____

Name of Applicant Individual / Organization: _____

Address: _____

Contact Person: _____ **Job Title:** _____

Telephone: _____ **Email:** _____

Please respond fully to the questions and provide any requested information. This form is not required, and an explanatory cover letter may substitute. Please attach additional information as appropriate to clarify and elaborate as needed. The Trinity Trust will evaluate the request based on written information you provide. The Trinity Trust may request a brief oral presentation in person or via teleconference for requests over \$5,000. If a grant is made, additional documents, information, or materials may be requested before final payment is made.

Amount Requested: _____

Requested Date / Timeframe for Disbursement: _____

1. Describe the project or program for which you are requesting funds.

2. Describe how the project or program furthers the gospel of Jesus Christ or Christian outreach in the community.

3. Why should the project or program be supported? (Most compelling reasons).

4. Is the project or program budgeted funds from the regular annual budget of Trinity Lutheran Church? Yes ___ No ___

5. Have you or your organization applied for grant funding from the Trinity Trust within the last three (3) years? If so please provide the amount requested and granted.

Yes ___ No ___ If Yes, _____

6. Please provide supplementary documents as to the project or program cost, budget, or expenses which your grant request will support. For organizations, please provide annual overview financial reports or a business plan for your organization.

Please return this application form and all other supportive documents to main@tlmidland.org and/or:
Trinity Lutheran Trust c/o Trustee Committee Chair, 3701 Jefferson Avenue, Midland, MI 48640