



The Community Church of Sebastopol

MEMORIAL & ENDOWMENT GRANT APPLICATION

Title of this Grant: _____

Date of this Request: _____

Applicant: _____ On behalf of: _____

Phone: _____ Email: _____

Reviewed by Council member or Minister: _____ Endorses? Yes No

Describe the Project, attach supporting documentation as appropriate (purpose, plans, designs, bids):

Who will benefit from this Project? _____

Who will manage this Project and the use of these funds? _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Is Total Project Cost all-inclusive of funds needed to complete the Project? Yes No

When will funds be needed? _____

Project Start Date: _____ Completion Date: _____

Will any of these funds be repaid? Yes No

If yes, amount: \$ _____ when: _____ funding source: _____

Will this Project require an ongoing commitment of Church Staff, volunteers, contracted services, increased utility costs, etc.? Yes No

Identify any ongoing costs and how they will be funded: _____

Priority Assessment:

- URGENT immediate need to restore a required or important service or for reasons of health/safety, prevention of/repair to property damage, or prevention/recovery of property loss.
- NEEDED to enhance/enrich the quality, content, or appeal of Church ministries.
- BENEFICIAL value-added improvement but Church ministries could function without this expenditure.

What other funding sources were investigated (check all that apply)?

Church Operating Budget Donations/Private Contributions Fundraising
 Designated Restricted Funds Matching Grants
 Other: _____



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ACTION BY FINANCE COMMITTEE

Action Date: _____ Action: Approved Disapproved
Forward to Leadership? Yes No

Amount granted: \$ _____

Funding from:

Account: # _____ Amount: \$ _____
Account: # _____ Amount: \$ _____
Account: # _____ Amount: \$ _____

This Grant is valid for calendar year _____ or _____ months.

Comments - reasons for approval/rejection, replenishment plan if any, conditions of funding, etc.:

Action Noted by: _____ (member of Finance Committee)

ACTION BY LEADERSHIP COUNCIL

Not Required

Action Date: _____ Action: Approved Disapproved
 Approved with modifications

Comments – as needed, if Approved with modifications, clearly identify those changes

Action Noted by: _____ (member of Leadership Council)