MEMORIAL & ENDOWMENT COMMITTEE

The Community Church of Sebastopol, UCC

GRANT APPLICATION

Date_____

1. Applicant_____ Phone_____

2. Ministry, Board or Committee _____

3. Describe the project _____

   _____

4. Who will benefit by this project _____

5. Who will be in charge or manage project _____

6. Timing: Start date_____ estimated completion date _____

   When will funds be needed? _____

7. Estimated cost of project $_____

   a. Does estimate cost include:
      Additional staff or equipment that will be needed
      Modifications or improvements to facilities
      Permits, inspections, architectural & engineering
      Ongoing maintenance, utilities expense or storage
   b. Were competitive bids obtained?
   c. Were renting or leasing alternatives considered?

8. Priority Assessment"
   _____ Urgent – Should be done without delay to implement or restore a required or important service
   or for reasons of health/safety, prevention of property damage or property loss.

   _____ Desirable – Will enhance the quality, content or attractiveness of Church ministries.

   _____ Convenient – Would be nice to have or support but Church ministries could function without this
   item.

9. Has the appropriate Minister, Committee or board reviewed and endorsed this project? Yes ___ No___

   Who reviewed/endorsed _____

10. Are other sources of funding available, including but not limited to:
    Church operating budget ___   Donations/private contributors ___

    Designated special funds ___   Matching grants ___

    Fundraisers ___   Other _____

11. Will some or all of the funds requested by repaid? Yes ___ No ___

        If yes, how much _____ When _____

        Source of repayment _____

12. Will this project require an ongoing commitment of Church staff, volunteers, contract service providers, etc? If yes explain estimated cost and how ongoing commitment will be funded.

        _____

        _____

Additional information: If necessary, attach a separate sheet to provide additional information and to fully explain issues.

ACTION BY MEMORIAL & ENDOWMENT COMMITTEE

1. Recommendation of committee: _____ Approved _____ Disapproved

2. Amount granted $_____

3. Source of funding: Account # _____ Amount $ _____

                        Account # _____ Amount $ _____

                        Account # _____ Amount $ _____

4. Timing: Funding approved for calendar year _____ or _____ months.

5. Is this a one-time grant: _____Yes _____No If no, explain _____

        _____

6. Any conditions of funding: _____

        _____

7. Amount to be returned or repaid to M & E $_____

        Source of repayment_____ Timing_____

Forwarded to Board of Trustees (date) _____

Recommendation of Trustees _____ Approved Disapproved _____

Forwarded to Church Council (date) _____

Action by Council _____ Approved Disapproved _____

Date_____ Comments _____

        _____