



Lebanon Association of the Keystone Conference of the United Church of Christ

DATE OF APPLICATION _____

NAME OF CONGREGATION _____

MAINING ADDRESS _____

CONTACT PERSON _____

PHONE _____ EMAIL _____

SIGNATURE/DATE _____

BOARD PRESIDENT SIGNATURE _____

(Please complete and include this application form with the grant proposal)

Please include, at a minimum, responses to the following in your grant proposal

(please attach additional pages, as needed): *

Proposal summary (at least one paragraph) *

Amount requested *

Purpose *

Description of the project (objectives): - How is this project meeting an unmet need in the community?

How will you sustain the project after the grant award expires? -

Anticipated outcomes *

Process for evaluating the project *

Plan to submit a summary of progress after first 12 months *

Complete and submit application forms following grant guidelines

Use grant funds for project supplies, etc. (not salaries) •

Return application information to ATTN TREASURER
Robert Sim
1322 Duke Street
Palmyra, PA 17078

FOR GRANT COMMITTEE USE ONLY Funding Period: From: _____ To: _____

_____ Amount awarded: \$

_____ Date

declined: _____ Reason: _____

Name/Initials of committee member completing this: _____