



THE GIVING CIRCLE Grant Request Form

Date: _____

Name of Organization:

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Grant Funding Request: \$ _____

TGC Member* Name _____ Phone _____

*See the *Member's Recommendation Form in this application packet.*

Grant Ministry Category (may include more than one):

Children / Youth Discipleship Education Evangelism Families
 Healthcare Homeless Hunger Missionaries New & Emerging
Ministries Prisoners & Their Families Other: _____

Primary Ministry Contact:

Name _____ Phone (Ext.) _____

E-Mail: _____

Website Address: _____

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Organization Operating Budget:

Full Year's General Operating Budget (most current): \$ _____

Annual Revenue: \$ _____

Name your organization's top three revenue sources in the past 12 months,
and amount of support from each:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Location of project where funds will be allocated: _____

Starting date of project: _____

Completion date of project: _____

Name of Project Director: _____

Phone: _____ E-Mail: _____

Project Director's Qualifications:

Are you collaborating on this project, if so, with whom?