

THE PERMANENT ENDOWMENT FUND GRANT APPLICATION

Montrose Zion United Methodist Church

I. General Information

Date: ___ / ___ / ___

Name of Mission or Organization: _____

Address: _____

Telephone: _____

Email Address: _____

Description of the mission or organization (geographical area and community served, purpose, vision, goals, number of years in development or organized, etc.): _____

II. Funding Request

Total Grant Requested: _____

State the purpose of the ministry, activity, or program: _____

How will the grant be used? _____

Describe how the ministry/activity/program will be continued after the grant funds are expended: _____

Contact Person: _____

Phone Number: _____

Email Address: _____