

SDB MEMORIAL FUND GRANT APPLICATION

Applicant Name: _____ Application Date: _____

Person Responsible for Application (if the applicant is not an individual): _____

Email: _____ Phone: _____

Have you spoken with a Director/Trustee about this program/project? Yes No

If so, who: _____

Program Title: _____

Program Description (what will this program do/how will it actively advance God's Kingdom-please be as thorough as possible):

Financial Amount Requested (in US dollars): _____

How will this money be used? (Budget, etc.)

Financial Need Description (why are you applying for funds-please be as thorough as possible):

If a straight grant is not approved, would you be interested in: Matching Funds Loans

OFFICE USE ONLY

Date Application Received: _____

Reviewer 1: _____ Yes No Date: _____
(Usually the Director of Finance or Executive Director)

Reviewer 2: _____ Yes No Date: _____
(Usually an applicable Director or the Director Team)

Reviewer 3: _____ Yes No Date: _____
(General Council)

MF Approval: _____ Yes No Date: _____

Funds will be disbursed from: _____ Date: _____
(Name of Fund or Account)

Any conditions or contingencies of the grant (please attach any additional documentation):

Reporting Requirements (To whom; when; how; etc.):

Approval, Conditions, and Requirements communicated to applicant on: _____ Date: _____

By: _____