

# SDB FINANCIAL PARTNERSHIP APPLICATION

Applicant Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you spoken with a Conference Director about this program/project? Yes No  
If so, who: \_\_\_\_\_

Program / Project Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the total cost of this program / project? (in US dollars): \_\_\_\_\_

Amount requested: \_\_\_\_\_

How will this money be used? (Budget, etc.) (Additional documentation may also be attached)

\_\_\_\_\_  
\_\_\_\_\_

Financial Need Description (why are you asking for us to partner with you on this project? (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: Grant Administrator Yes No Date: \_\_\_\_\_

Reviewer 2: Director Team Yes No Date: \_\_\_\_\_

Reviewer 3: General Council Yes No Date: \_\_\_\_\_

Reviewer 4: Memorial Board Yes No Date: \_\_\_\_\_

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

**Amount Awarded:** \_\_\_\_\_

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: \_\_\_\_\_