

# SDB ORGANIZATION FINANCIAL PARTNERSHIP APPLICATION

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

**Person Responsible for Application:** \_\_\_\_\_

**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 estimated 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 the request is not approved in full, 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 Disbursed From:** \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Fund or Account)

**Amount Awarded:** \_\_\_\_\_ **Partnership Program:** \_\_\_\_\_

**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:**

By: \_\_\_\_\_

Date: \_\_\_\_\_