Date

|  |  |
| --- | --- |
| Congregation Name |  |
| Area Conference |  |
| Mailing Address |  |
| Email |  |
| Phone Number |  |
| Meeting Place (If different from mailing address) |  |
| Pastor Name |  |
| Pastor phone number / email |  |
| Congregational Leader/Representative Name |  |
| Cong. Leader / Rep. phone number / email |  |
| Tell us about your congregation |  |
| What is the need? |  |
| Amount requested from the grant |  |
| If the Grace Fund can grant only a portion of your request, which expenses are most urgent? |  |

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| --- | --- |
| SIGNATURE |  |