

Highlands Lutheran Church Endowment Fund
Grant Application

DATE SUBMITTED

SUBMITTED TO

DEEPLY ROOTED - GROWING TOGETHER - REACHING OUT.

SUBMITTED BY

FULL LEGAL ORGANIZATION NAME		YEAR ESTABLISHED	501 (c) (3) ?		IF YES, EIN
			YES	NO	
ADDRESS					
		TOTAL ORG. BUDGET	IF NOT, PROVIDE FISCAL SPONSOR INFORMATION		
WEBSITE	PHONE		SPONSOR NAME		EIN
EXECUTIVE DIRECTOR, PASTOR, PRESIDENT	TITLE	FISCAL YEAR	SPONSOR ADDRESS		
EMAIL ADDRESS	PHONE	MONTH			
ADDITIONAL POINT OF CONTACT NAME	TITLE	DAY	TOTAL # BOARD MEMBERS		
			TOTAL # FULL TIME STAFF		
EMAIL ADDRESS	PHONE		TOTAL # PART TIME STAFF		
			TOTAL # VOLUNTEERS		
ORGANIZATIONAL MISSION STATEMENT					
BRIEF ORGANIZATION DESCRIPTION					
BRIEF OVERVIEW OF POPULATION SERVED					
GRANT NAME		GRANT ID		SUBMISSION DEADLINE	
GEOGRAPHIC AREA SERVED		PROJECT BUDGET		REQUESTED AMOUNT	

PRINTED NAME OF AUTHORIZING PARTY

AUTHORIZING SIGNATURE

DATE

GRANT INFORMATION

PROPOSAL SUMMARY

INTRODUCTION

STATEMENT OF NEED

BACKGROUND

IMPACT

GOALS & OBJECTIVES

HOW WILL THESE BE ACHIEVED

ACTIVITIES