

# Bethany Lutheran Church Foundation

Revised Jan. 2019

## Grant Request

Please submit no later than October 15

(Type or print clearly)

Name of Applicant or Organization Requesting Grant: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Street

City

State

Zip

Amount of grant requested: \_\_\_\_\_

Describe proposed use of grant award:

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Describe matching funds that are expected to be available if a grant is awarded:

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Describe any additional sources of funding that are expected to be available for proposed use:

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Is Applicant or any member of the requesting organization a member of Bethany Lutheran Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Attach a program description and materials describing the proposed use of the requested grant. Any organization not part of Bethany Lutheran Church must attach a description of the organization's activities and affiliations as well as the following financial information:

- Current and prior year financial statements
- Current year budget and year to date budget-to-actual
- A summary of the organization's sources of funding support

ATTACH ADDITIONAL PAGES AS NEEDED

Send to:

Bethany Lutheran Church Foundation

4500 E. Hampden Ave.

Cherry Hills Village, CO 80113

Phone 303 758-2820

Fax 303 758-1980