## Mount Calvary Lutheran Church Foundation Request for Funding

Name of Requesting Person/Organization		If Organization, Contact Name		
		<u> </u>		
Street Address		Daytime Telephone		
City	State Zip	Evening Telephone		
E-mail:				
1.	What type of social services do you provide? E equity, etc.	E.G., address homelessness, religious education, enhance social		
2.	Please attach your organization's mission statement, if available.			
3.	Amount Requested: \$ Is this for a multi-year project? If so, please indicate the project end date.			
4.	Why is this grant needed? Expand as needed.			
5.	Explain any special circumstances resulting in this request.			
6.	People or organizations that will benefit from this grant:LocalNationalInternational (Check all tha apply and explain)			
7.	What other funding sources have been explored? Has an application been made to other organizations or Mount Calvary ministry teams? This grant represents what percentage of your annual budget?			
8.	What prior history does your organization have with Mt Calvary Lutheran Church, its members or the Mt Calvary Lutheran Church Foundation? Please provide details:			
9.	Is your organization a 501 c3 organization? Har Bureau?	ve you been evaluated by Charity Navigator or the Better Business		

10. When are funds required?		
11. To whom should check be written?		
12. To what address should check be mailed?		
Signature of Person Initiating Request	Date	Printed Name
If this grant is approved, the Applicant agrees to provide	feedback to the N	At Calvary Foundation on the results of this grant.
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This request and supporting documents should b  Mount Calvary Lutheran Church Found		
PLEASE NOTE: Applications are considered on a quarter December 1. Potential grantees will be notified of their Emergency requests can occasionally be accommodated	status by March	<del>-</del>
Approved by the Mt Calvary Lutheran Church Foundation	1	
MCLC Foundation Director		Date