

ENDURING WITNESS FUND

Thriving Congregations Grant Application Cover Sheet

Please check appropriate box

| ☐ Board (| of Pensions Grant 🛭 Progra | m Grant | |
|---|---|-----------------|-------------------|
| SLD Co | aching Grant Capital | Grant | |
| *CAPITAL GRA | NTS are only available for existing Pro | ograms/Projects | |
| Date | e of Request:// | | |
| Ar | mount Requested: \$ | | |
| | REQUESTOR INFORMATION | I | |
| ast Name | First Name | | |
| ame of Member Church | | | |
| ddress | | | |
| ity | State | Zip | |
| hone | Email | | |
| — Wake grant payable to: — | Full Name of Individual or Con | gregation | _ |
| Requestor Signature: | City State Zip Code | le: | _ |
| nequestor signature. | Requestor Tre | | |
| | OFFICE USE ONLY | | |
| Authorized Signature: Chairper Authorized Signature: POB Staff L | rson | _ | Approved Approved |
| Comments: | | Amount Approx | ved |
| | | ~ | |