



Vine Congregational
United Church of Christ Foundation

Internal Grant Application
(revised and Board approved 1/26/26)

Name of Applicant _____

Contact Person Name _____ Title _____

Phone _____ Email _____

Amount requested _____ Specific purpose of application and description of
funds would be used: _____

Explain how applicant will evaluate the use of these funds toward their objectives _____

List other funding that will be involved in this project _____

Certification: The statements made are accurate and complete to the best of my knowledge. The Vine Church Council is aware of and supports this application. All sources of funding available for this project are shown and will not be supplanted if this grant is awarded.

Signature of Applicant _____ Date _____

Signature Vine Church Treasurer _____ Date _____

Signature Vine Church Moderator _____ Date _____