

Vine Congregational UCC Foundation Internal Grant Application

Vine Church Council Subcommittee or Ministry Team _____

Subcommittee or Ministry Team Chairperson _____ Telephone _____

Address _____

Contact Person (if different than chair): _____ Telephone _____

Address _____

Specific statement of purpose and detailed description of project (attach additional pages for all questions as needed):

Amount Requested: \$ _____ Period of Use: (from) _____ (to) _____

Please attach a detailed budget showing cost details and all sources of funding.

How will this project impact Vine Congregational UCC?

How will the Council/Subcommittee/Ministry Team evaluate the project's progress toward its objectives?

If applicable, how will this project be financed following the initial project period?

Signatures _____ Date: _____

Vine Church Council Chairperson

_____ Date: _____

Vine Church Council Liaison

Signatures indicate that the Council of Vine Congregational UCC, the legal entity authorized under the Constitution enacted by the members of Vine Congregational UCC, has been informed of this application, and that the project covered by the grant request is approved by the Council. Comments from Council officers, if any, are enclosed.

MAIL/DELIVER COMPLETED APPLICATION TO:

Vine Congregational UCC Foundation

Attn: Foundation Treasurer

1800 Twin Ridge Road

Lincoln, NE 68506

Telephone

402-483-4781

FAX

402-483-5841

Email:

vineucc@windstream.net

FOR USE BY VINE FOUNDATION:

DATE RECEIVED _____

REVIEW COMMENTS: