

Deadline: March 15, 2020

GRANT REQUEST #: _____

DATE RECEIVED: _____

(Foundation use)



GRANT APPLICATION

Project Title: _____

Church/Organization Name: _____ Pastor: _____

Church Membership: _____ Church Attendance: _____

Contact Person / Title: _____

Church/Organization Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

Has person applying read Foundation Grant Policy found on holstonfoundation.org website? ☐ YES ☐ NO

BASIC REQUEST INFORMATION

Total amount requested: \$ _____

Brief description of project:
(attach additional sheet if needed)

Type of Funding Requested: ☐ Matching (dollar(s) for each dollar of support)
 ☐ Challenge (\$_____ to be raised by organization to receive support)
 ☐ Outright grant
 ☐ Other: _____

BUDGET/EXPECTED EXPENSES:

PLEASE ATTACH BUDGET FOR PROJECT – NO BUDGET...NO GRANT

SYSTEMIC IMPACT/NEED ADDRESSED:

SUSTAINABILITY:

COOPERATIVE SUPPORT (Volunteers, Church Budget, Other Organizations, etc.):

OTHER COMMENTS:

ALL SUBMISSIONS ARE SUBJECT TO THE GRANT POLICY, DONOR INSTRUCTIONS,
AND APPROVAL BY GRANT COMMITTEE

(Name of Applicant/Organization)

Date

Applicant Signature

Title

(Pastor's Name (if applicable))

Date

Pastor's Signature (if applicable)



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