

Old Mission Methodist Foundation Request for Grant

Date: _____

Requesting organization or person(s) _____

Purpose of Grant: _____

Amount requested: _____

Justification of Request: _____

Expected Results: _____

Other income sources and amounts: _____

If approved, when would grant monies be used: _____

Submitted by: _____

Signature: _____

Complete information will assist the Foundation. Please attach additional pages and/or data as it pertains to the request. The review process for your request may take up to 30 days. You can print out your request and put it in the Foundation mailbox in the church office or email the completed form to oldmissionfoundation@gmail.com.