

ENDOWMENT GRANT REQUEST

CROSS OF LIFE LUTHERAN

Any charity submitting a grant request must be a 501(c)(3) charity as defined by the U.S. Internal Revenue Service. Additional information may be requested. We reserve the right to deny any request for any reason. This is a request for a grant from the Cross of Life Lutheran Endowment Fund for the organization/purpose below.

Application Date: _____ Amount Requested: \$ _____ Date Needed: _____

Organization: _____

Charity EIN: _____ Organization Telephone: _____

Organization Address: _____

Organization eMail: _____

Purpose/Description of Grant:

Check this box if additional documentation is attached to this request

Contact Name: _____

Authority/Position: _____

Contact Address: _____

Contact Telephone: _____ Contact eMail: _____

Upon receipt, the Endowment Board will review your request to determine its merit according to established Cross of Life Lutheran guidelines. We will attempt to meet your date needed timeframe however do not guarantee that date. It is possible that you may be asked to provide additional information and/or to meet with the endowment board to discuss your request. **SEND THE COMPLETED FORM TO: CHURCHADMIN@CROSSOFLIFELUTHERAN.ORG.**

GRANT REQUEST REVIEW AND DECISION – COL USE ONLY

Decision Date: _____ Amount Approved: \$ _____

Approvals: ___ Domestic 501©(3)

Dissentions: ___ International

Abstentions: ___ If International, 501©(3) Affiliate: _____

Recusals: ___ Former Grantee

Decision Comments:
