**TRINITY ROSELLE FOUNDATION**

**GRANT REQUEST FORM**

**Grant Requester Information**

Organization Name

Contact Name

Contact Position/Title

Address

Phone Number

 E-mail Address

**Brief Description of Request**

**Amount Requested and Why**

**Impact on Your Organization**

Please describe the impact receiving this grant will have on your organization.

**Spiritual Impact**

How would you be able to spread God’s Word by receiving this grant?

**Timing of Request**

When is your organization requesting receipt of funds?

**Budget**

Please provide a detailed breakdown of how the funds will be used

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Area** | **Amount** | **Timeframe** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**FOR INTERNAL USE ONLY**

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Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Not Recommended: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_