Grant Application Second Pres. Mission Fund

(of the First Presbyterian Church of Rahway)

1.	Project Name:	Amount Requested \$
2.	Your Organization Name:	
	Address:	
		Phone:
3.	Contact Person:	
	Name:	Position:
	Address:	
	Email:	Phone:
1.	documentation may be attached.)	project for which funds are needed. (More extensive description and
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5.	Please attach a budget for the proje	t.
5.	List ongoing financial donations and	past grants received for the past 3 years and their amounts.
7.	What other sources of funds have you explored or are you presently exploring?	
3.	Please submit a copy of your organization's budget for the current year and a copy of your financial report from the previous year.	
).	Please designate a contact individual that a representative from the Mission Fund Committee can interact with to monitor the progress of the grant, should a grant be awarded.	
	Name:	Email:
	Phone:	
Sig	nature of Applicant	Date