

CUMC Huntington Beach, CA

Foundation Fund Grant Application Form

Due in CUMC Office the First Sunday of November

CUMC WORK AREA/MEMBER INFORMATION

Committee/Team/CUMC Member Name:

Committee/Team Chairperson (if applicable):

Work Area Account # for funds transfer, if Grant is approved: [leave blank if individual]

APPLICATION CONTACT INFORMATION

Contact Name:

Contact Street Address:

City:

State:

ZIP Code:

Phone (days):

Phone (evenings):

Email address:

PROJECT DESCRIPTION AND EXPECTED BENEFITS (Use separate page(s) if needed)



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PROJECT BUDGET, SCHEDULE AND AMOUNT REQUESTED

- A. This Request is for a single Grant of \$; **OR**
- B. This Request is for a phased Grant of \$ in equal amounts.
- C. On separate page(s), please provide your project budget dollar estimate details.
- D. On separate page(s) please provide a timeline showing the project duration, start and completion dates and any key intermediate milestones. If the Grant application is for phased Grants, please show on the timeline when Grant payments are needed.

GRANT PAYEE, IF DIFFERENT FROM APPLICATION CONTACT ABOVE

Contact]	Name:
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Contact Street Address:

City:

State:

Phone (evenings):

ZIP Code:

Phone (days):

Email address:

APPLICANT SIGNATURE AND DATE (Note 1)

Date:

FOUNDATION AND ADMINISTRATIVE BOARD ACTION

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Note 1: If this project value exceeds \$5000 in materials or services, and there is more than one source, my signature indicates I or my Work Area Team have solicited and evaluated at least two quotes for the work. This grant request reflects the lowest priced and most responsible quote.

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