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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c:\users\bill\dropbox\cumc\foundation\grants\application forms\grant application form r14 20201229.docx

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:		
Contact Street Address:		
City:	**State:**	**ZIP Code:**
Phone (days):	**Phone (evenings):**	
Email address:		
APPLICANT SIGNATURE AND DATE (Note 1)		
Signature:		**Date:**