

Grant Application Form
Grace Episcopal Church
4 Madison Avenue
Madison, NJ 07940
(973) 377-0106

Date of application: _____

Project name, if applicable: _____

Legal name of organization to which grant would be paid:

Address of organization:

Telephone number: _____

Executive director, etc.: _____

Does your organization have non-profit status: Yes No

If no, please explain: _____

Grant request: \$ _____ Check one: General support Project support

Purpose of grant: _____

Organization's budget for this year: \$ _____

Total budget of project, if seeking project support: \$ _____

To the Applicant:

Please feel free to attach any additional materials which you feel may be of value to the Outreach Committee in considering your application for a grant. Return this form to: Outreach Committee, Grace Episcopal Church, 4 Madison Avenue, Madison, NJ 07940.