



Lovers Lane United Methodist Church
 Outreach Ministry
 Application for Funds



Date: _____

Organization Name: _____

Address: _____ City, State, ZIP: _____

Web Site: _____

Contact Name: _____

Telephone Number: _____ FAX Number: _____

Email Address: _____

Amount of Funds Requested: \$ _____

Give a brief description of your organization and purpose for the funds:

List volunteer opportunities for LLUMC members to help your organization:

1. _____
2. _____
3. _____
4. _____

LLUMC Outreach Ministry Team Use			
Date Received: _____			
Grant Category: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National <input type="checkbox"/> Global			
Reviewed by: _____		Date: _____	
Reviewed by: _____		Date: _____	
Site Visit Date: _____		By: _____	
Other Interaction: <input type="checkbox"/> Phone _____ <input type="checkbox"/> FAX _____ <input type="checkbox"/> Email _____			
Approval Date: _____		Grant Amount: <u> </u> \$ _____	
Notes: _____			