

St. Mark's Evangelical Lutheran Church Foundation Grant Request Form



Date: _____

Committee/Organization: _____

Contact Person: _____

Phone: _____

E-mail: _____

Name of project/activity:

Detailed purpose for proposed grant (attach additional information as necessary):

Amount of funding requested: _____

Portion of project/activity to be funded by Foundation: _____ %

Portion funded by other organizations: _____ %

Please list other organizations:

Timeline during which project/activity will occur: from _____ to _____

Plan for submitting progress and/or final reports.

Please attach any other important information furthering understanding of the project/activity.

You may remit this form by:

- **Placing in the Foundation mailbox in the church office, attn: Foundation**
- **Mailing to : St. Mark's Evangelical Lutheran Church Foundation
2499 N. Helen, North St. Paul, MN 55109**
- **Emailing to: stmarksnsfoundation@gmail.com**

