



CONGREGATIONAL FOUNDATION

COMMON GRANT APPLICATION

Church Name _____

Address _____ State _____ Zip Code _____

Contact Person _____

Phone _____ Fax _____ Email _____

Minister (if not the contact person) _____

No. of years the Church has been a member of the NACCC _____

No. of Church Members _____

Grant for which you are making application _____

Purpose of the Grant

___ Special Program

___ NACCC Annual Meeting Subsidy

Delegate's name (if known) _____

___ Other _____

Estimated cost of the event/program _____ Date of the event/program _____

Attach a one-page brief description of the request that includes the following:

Providence Fund Applicants

- Last time your church sent a delegate to the Annual Meeting.
- Why your church requires assistance with Annual Meeting costs.
- The specific days of the meeting your delegate will attend.

Richard Fund Applicants

- A description of the fine or performing arts event you are planning.
- Why you are planning this event and the benefits you expect to receive from it.
- A projected budget that shows itemized costs.

Please mail or fax this page along with the **Summary Grant Signature Page** to -
Director of Development, NACCC, 8473 South Howell Avenue, P.O. Box 288, Oak Creek, WI 53154, FAX 414-764-0319.