

APPLICATION COVER SHEET

APPLICANT INFORMATION

Parishioner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

CONTACT PERSON FOR PROJECT

Name _____ Title: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

PROJECT INFORMATION

Project Title _____

Brief Project Description (40 words maximum) _____

Amount Requested: \$ _____

Total Project Budget: \$ _____

REQUIRED DOCUMENTATION PROVIDED

By signing below you verify that all documents listed below are complete and enclosed. Proposals submitted with incomplete documentation or reports may be returned.

Proposal Information

- Cover Sheet**
- Narrative**
- Project Budget**
- Project Timetable**
- Current operating budget for applicant entity**

SIGNATURE REQUIRED

Applicant Date

Print or Type Name

Submit complete grant application no later than June 30, 2015 to:

Church of the Holy Cross
 2455 Gallows Road
 Dunn Loring, VA 22027-1225.