

Please submit your applications to elaine@iname.com
or mail them to:

Valley Community Presbyterian Church
8060 SW Brentwood Street, Portland OR 97225
503.292.3537, fax 503.292.4272

Mission Endowment Application Form

Please complete and return this application on or before the deadline. Late applications will not be considered.

Title of project: _____

Name of sponsoring organization: _____

Individual responsible: _____

Phone: _____

Address: _____

Provide percentage of administrative and fundraising expenses to program
expenses: _____

If a grant is awarded, the

- Funds will only be used for their expressed intent. If circumstances change and the expressed intent is no longer valid, the funds must be returned to the Valley Community Presbyterian Church's Mission Endowment Fund.
- A status report and accounting of how the funds were spent must be submitted to the Mission Endowment Committee no later than six months after receiving the grant check. Failure to do so will make your organization ineligible for future grants.

Amount requested: _____

Purpose of project (Applicant should include sufficient information which will assist the committee in evaluating the project. Use additional pages if necessary.):

Project website address (if available): _____

Expected benefits (use additional page if necessary): _____

List alternate sources of funding for this project: _____

Impact if expenditure is not approved or fully-funded: _____

Planned method of accountability: _____

Available for personal interpretation to Valley members? _____

Signature of applicant: _____ Date: _____

Payee on check and mailing address (if grant is awarded): _____
