

Unitarian Church Grants Proc

Name of Project:

Primary Contact:

Contact Phone #:

Contact Email:

Type of Request (select one):

Short Term Microloan

Amount Requested:

Has this application been endorsed by a committee?

If yes, which one?

Directions: Please respond to the questions below. Responses are limited to 250 words per ques

Describe the purpose of the project. Include a description about how the project aligns with

How will the project impact the UCL community?

Describe the benefits offered to the Unitarian Church of Lincoln. How will the benefits be m

h of Lincoln ogram

[Redacted]

[Redacted]

Is primary contact a pledging member of UCL?

[Redacted]

Yes

No

[Redacted]

Matching Grant

[Redacted]

Attach a letter of support from the committee

tion. The total application, including attachments, may be no more than 5 pages.

h one or more of the 7 UU Principles.

[Redacted]

[Redacted]

[Redacted]

measured?

[Redacted]

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t? If yes, describe authorization required and whether it has or will be granted.

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tober.

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Quantity	Item Total

Grant Request:

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**nt. Matching contribution may be financial or in-kind. In-
te. If volunteer, use \$23.56/hour.**

Quantity/ Hours	Item Total	Is this contribution confirmed or pending grant receipt?

Total Matchin

<<For Microloans only>> Funds must be expended within 1 year, however payback schedu

How will this project be sustained after the close of the grant period?

All successful grantees are expected to provide project status reports at the mid-year and to the Grants Task Force to compile into a report to the congregation. In addition to this re

Application submitted by:

Name

g Contribution:

ile may be up to 3 years. Describe the expected payback schedule.

**end of the grant period. Written summaries of work completed shall be submitted
port, describe how the project will be shared with the congregation.**

Date