

## PROGRAM FUNDING APPLICATION CORAL GABLES CONGREGATIONAL CHURCH

The Grant Program reflects the mission of the CGCC which is to provide a spiritual home for a diverse and inclusive congregation actively seeking to spread God's love. The committee reviews applications from non-profit organizations twice a year. Due dates are April 1<sup>st</sup> and October 1<sup>st</sup> before 5:00pm.

Emphasis is placed on developing community-based programs, projects and events, particularly in the social services, education, environment and arts. An organization may apply only once during the calendar year. For-profit or commercial organizations need not apply. The committee will consider requests up to \$2,500. You may send your application to:

CGCC Justice and Witness Committee  
3010 DeSoto Boulevard  
Coral Gables, FL 33134  
**Phone: (305) 448-7421**

### ORGANIZATION INFORMATION

Organization Name:		501-C3: Y <input type="radio"/> N <input type="radio"/>	Fed ID #:
Address:			
City:	State:	Zip:	
Contact Name:	Contact Title:		
Contact Phone:	Email:		
Website:			

### PROJECT INFORMATION

Project Title:	
Location of Project:	
Dates of Project:	
Expected Number of Participants:	
Target Population:	
Total Project Budget:	\$
Amount of Grant Request: (up to \$2500)	\$

## CORAL GABLES CONGREGATIONAL CHURCH (CGCC) AFFILIATION

Are there any CGCC members that participate in your organization?	Yes <input type="radio"/>	No <input type="radio"/>
If yes, please provide the name(s) of the referenced member(s) :		
Is this project affiliated with the United Church of Christ?	Yes <input type="radio"/>	No <input type="radio"/>
Have you submitted grant requests to CGCC before?	Yes <input type="radio"/>	No <input type="radio"/>
Has CGCC funded any of your programs before?	Yes <input type="radio"/>	No <input type="radio"/>
If yes, tell us which programs:		

## ORGANIZATION DESCRIPTION

A) Mission Statement

B) Organizational History

## PROJECT DESCRIPTION

Please tell us about the project to be considered for financial support. (no more than three pages)

- A) Community Need
- B) Describe the Project goals and outcomes.
- C) Detail how the grant money will be used.
- D) Describe the impact of the project.

Please attach a Financial Statement or your 501-c3 Form to each application

Applicant Signature			
Signature:		Date:	
Printed Name:		Title:	