

Charlotte, NC 28226

Date _____

Funds Requested for _____

Address _____

(Evening)

Individual Completing this Request _____

(1) Describe the goals of the organization program: _____

(2) Describe the project or purposes for which the grant funds would be used:

(3) Please include anticipated Income and Expense analysis for this project (or an annual budget for the agency) Indicate all sources of income for the organization and/or include most recent tax return IRS Form 990 (Use back of this form for more information if needed)

Amount Requested: \$ _____ When are the funds needed? _____

FOR USE BY LIVING SAVIOUR ONLY

Request Approved _____

Amount Approved \$ _____

Request NOT Approved _____

Authorized Signature