

APPLICATION FOR GRANT

**ECUMENICAL BENEVOLENCE COMMITTEE
MARINER SANDS CHAPEL
6500 SE CONGRESSIONAL WAY
STUART, FL 34997**

DATE: _____

Please complete this Email questionnaire and send to salpals057@aol.com.

Then send a hard copy of this application, to the above address, with your Organization's most recent Annual Report, Financial Statements, IRS 990, IRS and Florida State Division of Consumer Services Registration Certificate. Please note applications are accepted from Oct 15 2021 to May 15, 2022.

Please refer any questions to Sally Hillenbrand by Email to salpals057@aol.com.

Charity Name _____

Mailing Address _____

(Is this Charity located within 30 miles of Mariner Sands Chapel)

Charity Mission Statement _____

Charity CEO or Primary Contact

Title _____

Name _____

Phone Number _____

Email _____

(Please include Business Card if available)

How many people did you serve in latest fiscal year _____

No. of Employees _____ Total Employee Compensation Budget _____

Most Recent FY Income _____ Most Recent FY Expenses _____

Top Five Primary Sources of Income

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

How much are you requesting, and how would you use it. _____

What overall message would you like to give to the Ecumenical Benevolence Committee, Mariner Sands Chapel Board and Members.
