**Madison Christian** GIVING FUND

**2018 Grant Application Form**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does your project serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the gospel is promoted in your project/program

Is your organization tax exempt? \_\_\_\_\_\_\_\_\_\_ What is your EIN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not tax exempt do you have a fiscal sponsor? If Yes, please provide the name of that organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your total Project Budget? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much are you requesting from the Madison Christian Giving Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF the opportunity arises, may we share this application with other funders? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED SIGNATURES**

President of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Print Name -

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Print Name -

### **Madison Christian Giving Fund 2017 Grant Application**

### **Narrative & Budget Instructions**

Using no more than two (2) pages for your narrative and one (1) page for your budget please provide the following information. If you can describe your program and budget is fewer pages, please do so.

**Please answer the following questions:**

1. Describe your organization’s mission and how your proposed project fits into your mission.
2. In a single paragraph summarize your project. Include who this project serves and how many people you plan to impact. Include your goals and anticipated outcomes of your project.
3. Describe how you plan to measure your impact.
4. Identify the individuals who will be key to the success of this project and describe their experience and qualifications. Indicate what percentage of their time will be devoted to this project.
5. Describe the specific purpose you have in mind for funds received from the Madison Christian Giving Fund.
6. In a paragraph describe your plans for funding the entire project this year and any plans you have for future funding.
7. Please provide a basic project budget identifying how the funds requested will be utilized.

***Submit your Grant Application to:*** [***Grants@madisongiving.org***](mailto:Grants@madisongiving.org)

***Or in writing to Grants Committee PO Box 259240 Madison WI 53725***

**GRANT APPLICATION DEADLINE- no exceptions**

***Noon on FRIDAY October 27, 2017***