

Christwalk Church Missions
Application for financial support.

CONTACT INFORMATION

Legal Name of Organization:

Street address:

City:

State

Zip Code

Telephone:

Email/Facebook/Website

Name of Contact Person:

Title:

Telephone:

Email/Facebook/Website:

Has your organization received financial support from Christwalk Church? Yes No
If yes, year received an amount? _____

Is your organization tax-exempt under the 501(c)(3) provision of the United States Internal Revenue Code? *Only 501(c)(3) qualified organizations are eligible.

Yes; year incorporated: No

Tax Identification Number:

ORGANIZATION INFORMATION

Number of Full-Time Employees: Part-Time Employees: Volunteers:

Number of people serving on the Board of Directors:

Briefly describe your organization's purpose and detail the services they provide (100 words or less):

What is your organization's mission statement?

What geographic area does your organization serve?

What is the number of persons served annually by your organization?



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PROJECT INFORMATION

Describe the specific goals of the project:

Is this a new program? Yes No

Outline the problems and needs the project will address:

Describe the target population the project will benefit:

List those people from your organization who will be responsible for managing the project and measuring its success:

Please list the project's projected expenses and anticipated revenue (if any):

Please list other sources of committed financial support for this project:

Please list any outstanding requests for funding for this project, including organization names and amounts requested:

BUDGET AND FINANCIAL INFORMATION

Financial support requested:

Period of time in which funds will be spent: From to

Your organization's annual operating budget: Project's budget:

Your organization's fiscal year runs from to

PROJECT COMPLETION

If your organization is awarded financial support, a report will be sent to you for completion to update on the status of the project.



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APPLICATION AUTHORIZATION AND ASSURANCES

By signing, I hereby attest that:

- I am an authorized representative of the applicant organization indicated on page 1
- My organization is recognized by the Internal Revenue Service as a 501(c)(3) tax-exempt organization
- The Board of Directors or other applicable governing body has authorized the filing of this request
- The information contained in this application is true and correct to the best of my knowledge

Name:	Signature:
Title:	Date:

All completed applications should be e-mailed to missions@thechristwalk.com.

Decision letters will be mailed on or before _____.

SUPPORTING MATERIALS

Please attach copies of the following documents:

- Current 501(c)(3) Internal Revenue Service letter
- Organization's current operating budget with revenue and expenses