

CHRIST CHURCH ECW MISSIONS FUNDING GRANT REQUEST

Name of Agency_____

Contact Name and Title_____

Address_____

Phone Number_____

Email Address_____

- 1. Briefly describe the mission of your organization.**
- 2. Amount of funds requested.**
- 3. How does the amount compare to your overall budget?**
- 4. The description of the project you would like us to fund.**
- 5. What other funding have you received or requested from Christ Church?**
- 6. Are you a United Way agency? Are you applying for United Way affiliation?**
- 7. Currently, are there any Christ Church members serving on your Board or in other key roles?**

Please send this form and any additional information to:

Mary Katherine Black
c/o Christ Church ECW Missions Funding
1412 Providence Rd.
Charlotte, NC 28207