

Clara Barton District **Chalice Lighter Grant Proposal**
PO Box 368, Westford, MA 01886 • Phone (978) 392-6700 • fax (978) 392-6701

Application Cover Sheet

Date :

Congregation: _____

Address: _____

City: _____ State: _____ Zip: _____

Project Contact: (Ms. Mr. Rev. Dr.) _____

Contact Day Phone: () _____ Eve Phone: () _____

Contact E-mail: _____

Congregation/Organization e-mail address: _____

Congregation/Organization web site: _____

Project Title: _____

Start Date: _____ Expected Completion Date: _____

Cash Amount Requested: _____

Projected Funding from other Sources: _____

Total Project Budget: _____

Value of any In-kind Services/Donations: _____

Total Congregation Budget (for current fiscal year): _____

Number of Certified Members: _____

Number of Pledging Units: _____

If you have previously received funding from the CBD Chalice Lighters Program, please submit a copy of that project's final report.

Proposal Checklist:

Please enclose the following items:

- _____ Application Cover Sheet (this page on top)
- _____ Final Report (if you have a previously funded project)
- _____ Narrative Description & Growth Questions (5 pages maximum)
- _____ Project Budget (use our form)
- _____ Annual Congregation Budget (one page summary is preferred)
- _____ A letter from your board supporting the proposal or a copy of your board minutes approving the proposal

Please submit one copy of all materials. Electronic copies are preferred. Do not staple or enclose in presentation folders.