



Thriving Congregations Initiative

Proposal Summary Information Form

Organization Requesting Funds:

(Legal IRS name and Employer ID Number)

Program Title:

Program Director:

Proposed Grant Period:

(Month, Year - Month, Year)

Amount Requested

\$

Grant Contact Information Form

1. Person Legally Responsible for Signing Grant Contracts:

Contact Person: _____
Title: _____
Organization: _____
Address: _____

Phone Number: _____
Email Address: _____

2. Grant Payments Should be Mailed to:

Contact Person: _____
Title: _____
Organization: _____
Address: _____

Phone Number: _____
Email Address: _____

3. Person Responsible for Preparing and Submitting Program Reports:

Contact Person: _____
Title: _____
Organization: _____
Address: _____

Phone Number: _____
Email Address: _____

4. Person Responsible for Preparing and Submitting Financial Reports:

Contact Person: _____
Title: _____
Organization: _____
Address: _____

Phone Number: _____
Email Address: _____