



**SPECIAL GIFTS  
GRANTS REQUEST FORM**

*If you have any questions about completing this application, please contact the Chairman of the Special Gifts Fund Committee, Linda Nau, 804-514-0095, or e-mail [naule@aol.com](mailto:naule@aol.com)*

Requesting District \_\_\_\_\_ Zone \_\_\_\_\_

Group/Church \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

e-mail: \_\_\_\_\_

Address \_\_\_\_\_

A. Define the need for the grant.

1. What is the need or the circumstance?
  
  
  
  
  
  
  
  
  
  
2. Is this project one time, start-up or ongoing?
  
  
  
  
  
  
  
  
  
  
3. Is there additional funding from other sources?

B. Define the recipient(s) in relation to the need.

1. List the name of the recipient(s).
2. Is the recipient an individual, a group, or an agency?
3. Explain how the grant will cover the need--totally or partially?

C. Follow-up: How will the contact person follow-up to assure the need has been met?

D. Other: Please add any other information pertaining to the request that you feel is important. Continue comments on a separate sheet of paper if necessary.

Signature of Group President/Chairman \_\_\_\_\_

Date \_\_\_\_\_

*For Use by Special Gifts Committee Only*

Date approved by the Committee \_\_\_\_\_

Signature of a Committee member \_\_\_\_\_