



# *Heights Christian Church*

17300 Van Aken Blvd.  
Shaker Heights, Ohio 44120  
(216) 561-4800  
www.heightschristianchurch.org

## Community Outreach Grants **Grant Application**

Name of organization \_\_\_\_\_

Contact Name/Title \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Amount Requested \_\_\_\_\_

Requested funds are to be used for (check one)

General operating expenses

Specific project or activity: Name \_\_\_\_\_

Please give us a brief answer to the following questions:

1. What is the organization's mission and major activities? Where are programs/activities conducted?

(continued on reverse)

2. If this request is for funding of a specific project or activity, how will these Outreach Grant funds be used? Briefly describe the specific need, the program/project goals and budget, who/how many individuals will be served and how they will benefit.

3. Is there an opportunity for a site visit or volunteer opportunities? If yes, please explain.

4. Has this organization or program/project received a Heights Christian Church Outreach Grant before? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please attach an annual report or other organizational literature  
to this application**

Organization Contact signature \_\_\_\_\_

Date \_\_\_\_\_

Heights Christian Church member signature, if applicable \_\_\_\_\_

Relationship with organization \_\_\_\_\_

Date \_\_\_\_\_