



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 _____