

NEW HOPE LUTHERAN CHURCH MISSION ENDOWMENT FUND GRANT DISTRIBUTION REQUEST FORM

About the Fund

The New Hope Lutheran Church Mission Endowment Fund makes distributions to support religious, charitable and educational purposes.

Fund Distribution

Requests for funds are reviewed at least two times a year or more often as required at the discretion of the Endowment Committee. Funds available for distribution vary as amounts are based on earnings/dividends derived from gifts/bequests.

Submitting a Request for Funds

So that the Committee can consider your request for funds, please complete the form below. Please attach any supporting documentation (i.e. invoices, program overview, etc.) as applicable. Once complete, please mail/deliver to:

New Hope Lutheran Church c/o Endowment Committee
29295 Agoura Road
Agoura Hills, Ca. 91301
Email: [endowmentcommittee @newhopeagoura.com](mailto:endowmentcommittee@newhopeagoura.com)

Submissions should be received at least one month prior to the next meeting date to allow ample time for committee review and consideration. For more information, or to receive clarification on the form or process, please contact the church via the email above.

NEW HOPE LUTHERAN CHURCH MISSION ENDOWMENT FUND

GRANT DISTRIBUTION REQUEST FORM

Date of Application _____ Requestor _____

Grant Recipient

Organization _____

Contact _____

Address _____

Telephone No. () _____ Email _____

Amount of Request \$ _____ When are Funds Needed? _____ 501.c.3 No. _____

Purpose of Request _____

Matching funds available? ____ If yes, from where? _____

One year ____ or multi-year ____ If multi-year, duration of request _____

Will the distribution requested provide total funding required? Yes ____ No ____

If no, please note total need and indicate other funding being considered

Additional Information you would like the Committee to know when considering this request

For Committee Use Only: Date Received _____ Request # _____

NEW HOPE LUTHERAN CHURCH MISSION ENDOWMENT FUND

GRANT DISTRIBUTION REQUEST FORM

For Committee Use Only:

Request # _____

Date Received: _____ Committee Review Date:

Reviewed By: _____

Please list all committee members reviewing request

Decision Summary:

Approved _____ Declined _____

Dollar Amount \$ _____ One year _____ Multi-year _____

If multi-year, please indicate term _____

Notes

Date requestor informed of decision _____ by _____

Date check mailed _____ Check No. _____