**Community Christian Reformed Church of Meadowvale**

**Charitable Funds Application Budget Year 2024**

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| **Applicant Information** | | | |
| Organization Name: |  | Phone #: |  |
| Address: |  | | |
| Email Address: |  | Contact Name: |  |
| Charitable Status #: |  | | |
| **Description of the Organization** | | | |
| What type of service do you provide? | | | |
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| What would you like to use these funds for? | | | |
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| What are the expected program outcomes? | | | |
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| What community needs does this program address? | | | |
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| Please include the organization’s vision or mission statement: | | | |
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|
| **Finances** | | | |
| Amount Requested: |  | Amount Granted: |  |
|  | | | |
| **Acknowledgement** | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have read Meadowvale CRC's policy and criteria for granting requests. | | | |
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**To be submitted no later than November 6, 2023 to** [**donationrequest@meadcrc.com**](mailto:donationrequest@meadcrc.com)