**Community Christian Reformed Church of Meadowvale**

**Charitable Funds Application Budget Year 2024**

|  |
| --- |
| **Applicant Information** |
| Organization Name: |  | Phone #: |  |
| Address: |  |
| Email Address: |  | Contact Name: |  |
| Charitable Status #: |  |
| **Description of the Organization** |
| What type of service do you provide? |
|
|
|
| What would you like to use these funds for? |
|
|
|
| What are the expected program outcomes? |
|
|
|
| What community needs does this program address? |
|
|
|
| Please include the organization’s vision or mission statement: |
|
|
|
| **Finances** |
| Amount Requested: |  | Amount Granted: |  |
|  |
| **Acknowledgement** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have read Meadowvale CRC's policy and criteria for granting requests. |
|
|

**To be submitted no later than November 6, 2023 to** **donationrequest@meadcrc.com**