Endowment Grant Request Form

Lord of Love Lutheran Church 10405 Fort St, Omaha, NE 68134 402-493-2946



Deadline: October 31 of each year

info@lord-of-love.org

Individual Making Request Name:			Person/Group to Receive the Grant Name: Submitter's Role:		
Address1: Address2:			Address1:		
City:	State:	Zip:	Address2: City:	04-4-	⊸ .
Requester Email:	Oldio.	∠ .p.	Contact Name:	State:	Zip:
Requester Phone		(numbers only)	Contact Email:		
Best Time to Contact:	Daytime	Evening	Contact Phone:		(numbers only)
			Best time to contact:	Daytime	Evening
GrantAmount Requested:			Total Project Cost Estimate:		
Amount:					
Date Needed:		mm/dd/yy			
Purpose/Need/Description of How Grant funds will be used: (attach additional information, if needed)					
Boxes below for office u	ise only:		T		
Endowment Comm		า:	Amount Approved:		
Approval F	Rejection		Amount Approved.		
Special Considerat	ions:		I		
(See Reverse)					