

**Application for Creation Care Project Funding** \*(required information)

**\*Project Name:**

**\*Applicant:**

**\*Location:**

**\*Project Purpose:**

**\*Project Description:**

**\*Estimated Total Project Cost:**

**\*Funds Requested:**

**\*Applicant Funding Match, if any:**

**\*Planned Use of the Grant Money:**

**\*Projected Start:**

**\*Projected Completion:**

**\*Names and email addresses of key people related to the project::**

- **Pastor or other authorized representative:**
  
- **Trustee Chair or other authorized person,** (if the project involves the buildings and/or grounds.):
  
- **Finance officer who will be involved in receiving funds from the Creation Care Ministry** via the TWK Conference treasurer's office
  
- **Person submitting the application**
  
- **Contact Person going forward** (name, email address, phone number and best time of day/week to be reached)

**Any other information you wish to provide, if needed, attach additional sheet(s):**

**\*Date** \_\_\_\_\_