



Application			
Title of Project			
Project Leader/ Organization			
Address			
City, State, Zip			
Email		Phone	
Grant Request Amount		Total Cost of Project	

**Please complete the following. Attach additional sheets as necessary**

Summary of Proposed Project:

Describe how this project will make a positive impact on the community.

What steps will you take to implement the project?

What is the timeline for the proposed project?

Please indicate any future plans that might come out of this project beyond the timeline:

Organizations/Churches: What is the organization's mission statement or statement of purpose?

*Please return completed form no later than noon on November 17<sup>th</sup>, 2013 to the following address:*

St. Paul's Lutheran Church  
2029 S. State Rd 39  
Frankfort, IN 46041