
**The Eastern Kentucky United Methodist Health, Education & Welfare Fund
Grant Application Cover Sheet
Non-United Methodist Organization**

Name of Organization: _____ **Date:** _____

Year Founded: _____ **Current Annual Operating Budget: \$** _____

Executive Director: _____

Contact Person/ Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **e-mail:** _____

Project Name: _____

Purpose of Grant: _____

Amount Requested: \$ _____ **Total Cost of Project: \$** _____

Geographic Area Served: _____

**Signature of
Executive Director:** _____

Typed Name: _____

Sponsoring Church: _____

**Signature of
Pastor of Sponsoring Church:** _____ **Date:** _____

Typed Name: _____