



# Application for a Grant from MN Builders East

## MN Builders East Contact

Name: Brent M. Holmberg

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**Please return your completed Grant request to the above named contact person.**

## Applicant's Base Line Information

Church name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pastor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Trustee's Chairperson: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Description of the Grant Request Project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Need date for the Grant: \_\_\_\_\_

Amount of funding being requested: \_\_\_\_\_

Church Approvals: Pastor \_\_\_\_\_ Trustees Chairperson \_\_\_\_\_

Was the District Superintendent informed regarding the need for this project

and the application for the Grant? \_\_\_\_\_ Yes \_\_\_\_\_ No