

GRANT REQUEST #: _____

DATE RECEIVED: _____

(Foundation use)

THE HOLSTON CONFERENCE OF THE UNITED METHODIST CHURCH FOUNDATION, INC.

**MARGARET GRIZZELL LOVING TRUST
GRANT APPLICATION FORM**

Grants for the Benefit of the Elderly

DEADLINE: APRIL 15, 2012

Margaret Grizzell Loving of Bristol, Tennessee, died in 1995 and established this Trust with the Holston Conference Foundation as a permanent fund to support programming for senior citizens in the Holston Conference of the United Methodist Church. The Foundation's Grant Committee oversees the stewardship and distribution of funds from the Loving Trust. Mrs. Loving's generosity and concern for senior citizens has set a marvelous example of Christian philanthropy, which will benefit others in perpetuity.

Senior grants are to be geared toward Holston Conference associated churches and to provide educational, recreational, and spiritual programming for older adults. Each year we will have approximately \$55,000 available (grants normally range from a few hundred dollars to several thousand). The Trust's guidelines state that no part of the grant funds should be used for the maintenance, operation, or construction of physical facilities. Grant requests for equipment will be considered if necessary for the program or specified activities. The Grants Committee will review each year, which should include a brief summary of the project, the budgeted need and other funding services. Seed money for new projects is encouraged. Matching funds/challenge grants are also encouraged. Ongoing support and general operating support for existing programs are discouraged.

Project Title: _____

Church/Organization Name: _____

Church Membership: _____ Church Attendance: _____

Contact Person / Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

Does your church/organization/ministry have an account with the Foundation? ___ YES ___ NO

BASIC REQUEST INFORMATION

Total amount requested: \$ _____

Payable over (period): _____

Brief description of project:
(attach additional sheet if needed)

Type of Funding Requested: _____ Matching (dollar(s) for each dollar of Loving Trust support)
_____ Challenge (\$_____ to be raised by organization to receive Loving Trust support)
_____ Outright grant
_____ Other: _____

A. PROJECT BUDGET *(describe other sources of funds available to assist with the project):**

B. EXPECTED EXPENSES:*

BENEFITS / EXPECTED RESULTS OF PROJECT: *

OTHER COMMENTS: *

* Attach other documents or information as needed

ALL SUBMISSIONS ARE SUBJECT TO THE PROCESS, PROCEDURES AND RULES OF
MARGARET GRIZZELL LOVING TRUST, AS CHANGED FROM TIME TO TIME.

DATE: _____ (Name of Applicant/Organization)

Signed By: _____ Title: _____

RETURN COMPLETED APPLICATION TO:

HOLSTON CONFERENCE FOUNDATION

Attn: Roger Redding

P.O. Box 900

Alcoa, TN 37701-0900

(865) 690-8124

(865) 690-3162

rogerredding@holston.org