PITTSBURGH AREA LUTHERAN MINISTRIES

(Please Print)	
Congregation Name:	Date: / / 20
Mission / Project Name:	
Director / Coordinator:	
Pastor:	
Address:	
Website:	
Email:	
Phone Number: ()	
Purpose:	
Amount Requesting: \$ (up to \$500.00)	Total Project Cost: \$
Beginning Date of Project: / / 20	End Date of Project: / / / 20
Geographic Area to be Served:	



Please enclose the following (do not staple):

• The current budget for the mission / project

I certify that a report will be made to PALM within **one (1) month** of receipt of grant funds stating:

- How the grant funds are being spent.
- The impact that the mission / project is having upon the people being served including statistics, anecdotal, and photographic data that will be suitable for publication in *The Pittsburgh Lutheran*.

I certify, to the best of my knowledge, that:

- 1. The congregation / mission is affiliated and in good standing with Pittsburgh Area Lutheran Ministries,
- 2. The congregation / mission does not support or engage in any unlawful activity,
- 3. If a grant is awarded to this congregation / mission, the proceeds of the grant will not be distributed to or used for any other unlawful purpose, and
- 4. All statements made in this application are complete and true and that the statements are made and information is given as an inducement to the grantor to approve the grant for which this application is made.

I acknowledge that, if a grant is awarded to this congregation / mission, this congregation / mission may not submit another application for up to **six (6) months** from the date of issue.

(Director / Coordinator)

____ / ____ / 20____ (Date)

(Pastor)

_ / ____ / 20____ (Date)

Completed forms can be submitted either to pittarealuthmin@gmail.com or:

Pittsburgh Area Lutheran Ministries ATTN: Treasurer 535 N Neville Street Pittsburgh, PA 15213-2812

PALM-FOR-004

