

**Trinity Reformed UCC Foundation  
Application Information**

**for**

**SHUFORD FUND**

- 1. Applications for funds consideration are due to the church office no later than November 30.**
- 2. All sections must be completed. If any section is not applicable to your group or request, place “N/A” on the line.**
- 3. The contact person listed on the application will be notified of the committee’s decision in early 2022. The contact person will also be responsible for providing additional information if needed.**
- 4. The TRUCC Foundation Committee strongly feels funding will be provided to the group(s) whose application and need to the church is the greatest. Not every request will be funded.**

***Trinity Reformed United Church  
of Christ Foundation***

***Application***

***and***

***Request for Funding***

***for SHUFORD FUND***

***All sections of the application must be completed  
to be considered for funding.***

**Name of the Project:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Description of Organization/Committee/Agency:**

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

**Amount of Funding Requested:** \$ \_\_\_\_\_

**Signature of Contact Person:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Section 2

### Description of Project

**Strategies or steps to accomplish the project (include time line):**

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**Short Range Objectives (include dates for each):**

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**Long Range Objectives (include dates for each):**

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**Expected Results:**

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**Section 3**

**Budget**

**Line item costs:**

<u>Item</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other Resources:**

<u>Resource</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Cost:** \$ \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_

**Continuation Funding:**      **Yes**      **No**      **(circle one)**

**If "yes" for how long?** \_\_\_\_\_

**Amount of Continuation Funding:** \$ \_\_\_\_\_



