



The Presbytery of Milwaukee

Partnership Commission Grant Application

TELL US ABOUT YOUR PROPOSAL

PROJECT TITLE _____

NAME OF Applicant(s)

1. Project Start and End dates _____
2. Describe the project you would like to do in 200 words or less (on attached page)
3. Total proposed budget for project completion _____
4. Amount of request from the Partnership Commission _____

Please list anticipated financial and in-kind support from project partners below:

Churches/Groups/Organizations	Role in Project	Financial Contribution

CONTACT PERSON _____
PHONE _____
EMAIL _____
WEBSITE (If applicable) _____

Date of Session Approval _____

PARTNERSHIP COMMISSION LIASON _____
 (to be assigned by Partnership Commission)
PHONE _____
EMAIL _____

2. Describe your project: