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:

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<tr>
<th>Churches/Groups/Organizations</th>
<th>Role in Project</th>
<th>Financial Contribution</th>
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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: