

Legacy Grant Fund

American Baptist Churches of Pennsylvania and Delaware

Grant Request Form

Group Submitting Request: \_\_\_\_\_

Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone # and E-mail Address: \_\_\_\_\_

.....  
Please **TYPE** ALL Answers, Use back of page if necessary, include additional documentation if necessary. Please forward this request to your Area Minister.

Nature and purpose of the grant request and the direct relationship to the support of local church initiatives or regional initiatives for the benefit of local church ministry throughout ABCOPAD:

Time Frame and Total Projected Cost:

Other Sources of Funding:

Evidences of long-range, cooperative planning:

In what ways is your church or organization involved in the support of American Baptist Missions?