



## Endowment Distribution Proposal

Date Submitted: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

1. Name of originating Team/Ministry, Committee, or Group:

\_\_\_\_\_

2. Contact Person name, email, and phone number:

\_\_\_\_\_

\_\_\_\_\_

3. Describe the project or item. Explain the purpose or need and how it will help fulfill the goals and mission of the Chapel. *Attach additional sheet as needed.*

4. What is the amount requested? Include the project budget & other sources of funding. *Attach additional sheet as needed.*

Approved \_\_\_\_\_  
Endowment Committee

Declined \_\_\_\_\_

Approved \_\_\_\_\_  
Finance Committee

Declined \_\_\_\_\_

Approved \_\_\_\_\_  
Board of Trustees

Declined \_\_\_\_\_

Please return this form and attachments to the Endowment Committee for consideration.