



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 _____

Declined _____

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