

Trinity Lutheran Endowment Fund
Trinity Capital Project Request

Contact person _____

Committee/Group/Person sponsoring request _____

Has this request been reviewed by the Property Committee? **Yes** or **No**

Contact person email _____ Contact person tel # _____

Submission date _____

Amount requested _____ Total project cost _____

What other sources of income (if any) will be used to complete the project? _____

Is there a specific date the funds need to be received? **Yes** or **No**

Date funds needed _____

Please note that funds will be held in a dedicated account until needed.

Describe the project including the issue or need that the project is addressing and the Property Committee review.

Describe, in detail on an attachment, how these funds will be used (if the cost of this project includes several items, please give an individual estimate of the items).

Committee use only: Approved Y/N

Dates Funds Distributed: _____