



Good Samaritan Foundation

A Ministry of The Kentucky Annual Conference of The United Methodist Church

Grant Application Signature Page

Name of Grant Applicant Agency: _____

Grant Applicant's Address: _____

City: _____ **State:** _____ **ZIP:** _____

Title of Grant: _____

Purpose of Grant (100 words maximum):

Primary geographic area of recipients served by applicant: _____

Signatures:

President/Executive Director: _____ **Date:** _____

Type or Print Name: _____

Board Chairperson: _____ **Date:** _____

Type or Print Name: _____