Missouri Job's Daughters 2024-2025 Promotion Party Grant Application

Please complete this form in its entirety and submit no later than thirty (30) days after your event. All requests will be reviewed, and the applicants notified within thirty (30) days of application submission. Include any additional documentation to help during the decision process.

Please return this form and any supporting documents via email or mail to:

Angela Kindle, Grand Guardian 9914 Crestwood Drive St. Louis MO 63126-1802 momangela.mojdi@gmail.com



INFORMATION ABOUT THE EVENT

| Date: | Bethel #: |
|--------------------------------------|---------------------|
| Name: | Title: |
| | |
| City/State/Zip: | |
| Phone #: | |
| | |
| Date & Time event was held: | |
| Event Description: | |
| | |
| Copies of expense receipts included? | Yes No If not, why? |
| | |

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DETAILS OF THE PROJECT/EVENT

| Where was the even held? | |
|---------------------------------|----------------------------|
| Who was invited? | |
| How did you invite prospects to | your event? |
| Did you do any marketing? | |
| What Supplies/Food Costs were i | ncurred during this event? |
| | |
| Who were the facilitators/worke | rs at this event? |
| | |
| PROJECT/EVENT BUDGET | |
| Expenses | Income |
| Facility \$ | Admissions \$ |
| Invitations \$ | Donations \$ |
| Marketing \$ | |
| Postage \$ | |
| Decorations \$ | |
| Food \$ | |
| Drinks \$ | |
| Paper Products \$ | |
| Handouts/Giveaways \$ | |
| Prizes \$ | |
| Other \$ | |
| TOTAL \$ | Total Requested \$ |

Giving as much information as possible will help with granting your request. There is no guarantee of Grant approval by submitting this form. We may ask for additional information or grant a lesser amount due to available funding. Please do not let this discourage you in completing this application, The Grand Guardian Council is here to assist your Bethel and want you to succeed. If you have any questions, please reach out to a member of the Executive Grand Guardian Council.