



International Council of Community Churches

ICCC Vital Worship Grant Program

Maximum Grant - \$500.00

Name of Church: _____

Address: _____

Phone: _____

Email address: _____

Name and role of person making this grant request: _____

How does your congregation plan to use this grant to enhance its worship and congregational life?

How would your congregation be involved with this project? _____

What is the total cost of your project? _____

How much grant fund are your requesting? _____