

*North Roanoke Baptist Association
It's a NEW Day of Churches Working Together...
Growing Toward the Harvest*

**North Roanoke Baptist Association in cooperation with
NC Baptist Aging Ministry
SEED Grant Application**

Name of Church: _____

Address: _____

Church Phone: _____

Contact Person: _____

Position/Title: _____

Contact Phone: _____

Does your church already have an Active Handicap Ramp Ministry? Yes No

Age of the person benefitting from your first ramp? _____

Circumstance of handicap: _____

Date Ramp was built: _____

Cost of Materials Used: \$ _____

Amount of Matching Grant Requested: \$ _____

I understand that on behalf of my church and our Men's or Brotherhood Group that I am applying for a matching seed grant of up to \$350. This seed grant is being sown to help our group start an ongoing Handicap Ramp Ministry.

Signature: _____

Printed Name: _____

Date of Application: _____

Office Use only:

Date Received by NRBA: _____

Decision: _____

Date funds released: _____

Authorized: _____