

COMMUNITY SOUP APPLICATION

APPLICANT NAME(S) _____

SPONSORING ENTITY _____

ADVISER NAME _____

ADVISER E-MAIL _____

ADVISER INITIALS TO INDICATE HE/SHE HAS REVIEWED APPLICATION _____

APPLICANT AGE(S) _____

TOWN OR CITY WHERE APPLICANT(S) LIVE(S)? _____

WHERE WILL PROJECT TAKE PLACE? _____

APPLICANT PHONE NUMBER _____

APPLICANT E-MAIL _____

PROJECT TITLE _____

PROJECT SUMMARY:

BENEFIT TO THE CITY OF BUFFALO OR ITS RESIDENTS:

PROJECT TIMEFRAME:

HOW WILL YOU USE THE SOUP GRANT TOWARD THE REALIZATION OF YOUR PROJECT?

WHAT WILL YOU LEARN FROM THE PROJECT?

HOW WILL YOU SHARE THE PROGRESS/COMPLETION OF YOUR PROJECT AT AN UPCOMING SOUP MEETING?

Submission of this application signifies that the applicant has read and understands the following conditions of the Soup Grant:

- **Funds will be released upon University Presbyterian Church's receipt of a detailed budget of how monies will be used and a specific date when they are needed.**
- **If funds are not used within a year, they must be returned to University Presbyterian Church.**

When you have finished your application, please save it and e-mail to laghhupc@roadrunner.com.