



## CHFS Helping Hands Church Grant

Mail to:  
CHFS Church Grant  
P.O. Box 327  
Belleville, IL 62222

**One recipient will be chosen three times each year, to receive a grant in the amount of \$3000. The request for a Church Grant must be postmarked by one of the following dates to be considered:**

**March 31      June 30      September 30**

**Member Name:** \_\_\_\_\_  
**Member Policy # :** \_\_\_\_\_  
**Member Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City                      State                      Zip**

**Member Phone Number:      (Home) \_\_\_\_\_      (Cell) \_\_\_\_\_**

**Name of Church:** \_\_\_\_\_  
**Name of Pastor:** \_\_\_\_\_  
**Church Phone #** \_\_\_\_\_  
**Church Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City                      State                      Zip**

**Name of Church Program in which you are submitting for consideration.**

\_\_\_\_\_

**NOTE:** we will not consider requests for church repairs, building maintenance or general operating funds. We are looking for projects that directly impact quality of life (for example, soup kitchens, St. Vincent de Paul, Youth Ministry programs, etc....)

Please provide a brief description of the project and how many people benefit from this project weekly and/or monthly. You may use the back of this sheet and mail to the above address.