Liberty HealthShare
Sharing Hearts Fund
for the Church

Application for Sharing Hearts Funding

The Church is the realization of the Gospel in her community.

Liberty HealthShare seeks to partner with the local Church to help her serve her community through this charitable program.

Applicants must be a Christian church, as outlined in the Eligibility Explanation. If you are a church which would like to apply for grant funding to donate to a community organization, you must co-apply with the community organization and pledge volunteers from your church body to assist that community organization.

Capital campaigns, staff salaries, administrative costs, membership campaigns, or any other non-community centered programs which would increase the assets and therefore financial standing of the church are not eligible for funding and applications seeking funding for any of the aforementioned items should not be submitted.

Mail the filled-out application to the address below or you can apply online at **www.libertyhealthshare.org/sharing-hearts/the-church**. Applications open on August 11, 2026. All applications received by **5pm on October 1, 2026** will be considered for funding in this cycle of grant awarding. For more information and FAQs, please visit the website.

Please mail this filled-out application to:

ATTN: Sharing Hearts Fund
Liberty HealthShare
4455 Hills & Dales Rd NW
Canton, OH 44708

To learn more, contact us at sharinghearts@libertyhealthshare.org or 855-585-4237, ext. 1969.

Liberty HealthShare®

The Sharing Hearts Fund for the Church is a charitable extension of Liberty HealthShare. All dollars to be awarded are generated through donations and grants, separate and distinct from the normal operations of the Liberty HealthShare healthcare sharing ministry.

Church Information

All questions are required.

Church Name:	Phone Number:
Street Address:	City, Zip:
Website:	Email Address:

Primary Contact Information

Full Name:	Title/Role:
Email Address:	Phone Number:

Request

Grants of up to $5,000 per church are available in this round of funding. Please identify how much funding you are requesting and give a brief overview of how this funding will be used:

*Funding Request: $*_____

_____

_____

_____

Program Specifics

Is this a new program, or existing?	◌ New ◌ Existing

IF NEW:

Have you explored if there is already a program in place with which you could potentially partner efforts?	◌ Yes, I have ◌ I have not / it doesn't exist
Tell us more about your proposal! Will this funding fulfill a one-time need or would the goal be to continue meeting this need beyond the initial timeframe? Ideate some ways this could be repeated below. **The annual nature of the program is not required for funding.*	

IF EXISTING:

Please provide the name of the organization (if not your church) with which you are co-applying and fill out the accompanying contact information.

Organization Name:	Phone Number:
Street Address:	City, Zip:
Website:	Email Address:
Contact Name / Co-Applicant:	Phone Number:
Title / Role:	Email Address:

Co-applications require a pledge of volunteers to sustain the effort. Please confirm and estimate your pledged volunteers:	◌ I pledge ____ volunteers from our church

Timeline

What is the proposed timeframe for this effort? Provide both estimated duration and estimated dates.

Impact

If this application is funded, what will be the impact on the community? Who will benefit and how?
*For existing programs: Outline specifically how this new funding will impact the program.

What evidence exists that there is an active need for funding for this proposal?

Church

Tell us how this effort aligns with your church's mission, vision, and character:

Is there anything else you would like to share in this application with the Sharing Hearts for the Church Review Committee?

Churches are expected to submit a one-page report within a year of receiving funding, or by the end of 2027. Metrics will include, but are not limited to: budget report, community impact, and personal stories.

By submitting this application and providing the applicant/s signatures, you agree to track and report on such activities.

Church Contact Signature: _____ Date: _____

Co-Applicant Signature (if applicable): _____ Date: _____

Additional space

If you have more to write than the space allots in the previous questions, please continue them here on the back. Identify the question you are continuing before finishing your comments. Thank you.