GRANT APPLICATION

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____)

Phone: (____) _____ Fax: (

District (if a church) _____ Incorporated? _____ Yes _____ No

Organization Fed. I.D. Number: _____ IRS exempt letter? _____ Yes _____ No

Contact Person: _____ Title: _____

Email Address: _____ Phone: _____

Please describe the mission and major goals of your organization: _____

_____

_____

_____

_____

PROJECT INFORMATION:

Missional Area: Evangelism ☐ Missions ☐ Stewardship ☐ Leadership ☐ Facility ☐

Project Name: _____

Total Cost of Project: $_____ Grant Requested: $_____ Date Project Begins:_____

Describe the project:_____

_____

_____

What community will be impacted by this project? _____

How many people do you anticipate will benefit from this project? _____

How will this project bring unchurched people into relationship with Christ or facilitate discipling?

_____

_____

_____

Over

How will this new ministry follow up and disciple those it reaches? _____

_____

_____

What other sources of support have you developed for this ministry? _____

_____

How will grant funds be used? _____

_____

How will you sustain this ministry? _____

_____

Use additional sheets as necessary to give complete answers

GRANT APPLICATION DOCUMENTATION:

To evaluate your application properly, the following documentation must be attached:

1. A copy of your organization's current budget with actual year to date income and expenses.
2. A copy of the project budget, showing both your funding plan as well as expenses.
3. The names, addresses and phone numbers of the church or organization's leaders and project leaders.
4. Any other supplementary materials that would describe the need for the project.

I certify that all the information provided in this application and on supplemental documents are accurate and complete to my knowledge.

_____ _____

ApplicantName (Pleaseprint) Title

_____ _____

ApplicantSignature Date of Application

Grant application deadline is March 1st for Spring grants.

Send Application and Documentation to:
St Joe UMC Attn: Endowment Committee
6004 Reed Rd Fort Wayne IN 46835

(For Committee use only)

Comments: _____

_____

Committee Recommendation: _____ Decline _____ Approve - Amount $_____

Date: _____ Gifts & Grants Chair Signature: _____

Check #_____ Check Date _____ Account #_____