



# 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 all anticipated project revenues and 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.

\_\_\_\_\_  
Applicant Name (Please print) Title

\_\_\_\_\_  
Applicant Signature Date of Application

**Grant application deadline is April 1<sup>st</sup> for Spring grants or October 1<sup>st</sup> for Fall grants.** (Any exception to this is by approval of the UMFJ Gifts & Grants Committee). You will receive notification of grant action in June (spring) or December (fall).

Send Application and Documentation to:  
**United Methodist Foundation of Indiana, Inc.**  
**8401 Fishers Center Drive. Fishers, IN 46038**

**(For Foundation use only)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Committee Recommendation: \_\_\_\_\_ Decline \_\_\_\_\_ Approve - Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_ Gifts & Grants Chair Signature: \_\_\_\_\_

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Account # \_\_\_\_\_