

GRANT APPLICATION

Organization Name:	
Street Address:	
City:	State: Zip:
Phone: ()	Fax: ()
District (if a church)	Yes No
Organization Fed. I.D. Number:	IRS exempt letter? Yes No
Contact Person:	Title:
Email Address:	Phone:
	pals of your organization:
	sions Stewardship Leadership Facility
Project Name:	
	nt Requested: \$ Date Project Begins:
What community will be impacted by this	project?
How many people do you anticipate will be	enefit from this project?
How will this project bring unchurched ped	ople into relationship with Christ or facilitate discipling?

How will this new ministry follow up and disciple those it reaches?		
What other sources of support have you developed fo	r this ministry?	
How will grant funds be used?		
How will you sustain this ministry?		
Use additional sheets as necess GRANT APPLICATION DOCUMENTATION:	sary to give complete answers	
To evaluate your application properly, the following do 1. A copy of your organization's current budget w 2. A copy of the project budget, showing both you	with actual year to date income and expenses. ur funding plan as well as expenses. f the church or organization's leaders and project describe the need for the project.	
Applicant Name (Please print)	Title	
Applicant Signature	Date of Application	
Grant application deadline is April 1st for Spring grants is by approval of the UMFI Gifts & Grants Committee). You 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 A	Approve - Amount \$	
Date: Gifts & Grants Chair Signate		
Check #	Int #	