

BOLD MOVES

GRANT PROGRAM OF THE GREATER PACIFIC NORTHWEST MISSION CENTER

GRANT APPLICATION

Proposal Name:
Submitted By:
Approved By (Pastor or Church Officer):
Submission Date:
Funding Request: \$
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application

For Committee Use Only:

RECOMMENDATION:

- Fully Fund
- Partially Fund (\$ _____)
- Application Needs More Information/Development
- Not Funded

Date of Committee Action: _____

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APPLICATION FORM

PROGRAM NAME:
GEOGRAPHIC AREA SERVED:
PROGRAM TYPE: <input type="checkbox"/> Church Plant <input type="checkbox"/> Church Re-plant <input type="checkbox"/> New Ministry
GRANTING CYCLE:
DATE SUBMITTED:
GRANT AMOUNT REQUESTED: \$
PROGRAM SPONSOR(S) (please list complete name[s] of sponsoring group/individuals):
PROGRAM DIRECTOR: Name: Address: Telephone: Email: Fax:
PROGRAM FINANCIAL DIRECTOR: Name: Address: Telephone: Email: Fax:

PROGRAM DESCRIPTION:

1. Provide a complete narrative description of the purpose and scope of the program. This description should include a statement of the needs/problems/opportunities to be addressed; a description of the target population and how it will benefit; a description of the program goals, measurable objectives, action plan and rationale for potential success.
2. Provide a description of how this program meets the mission objectives of the church: To Proclaim Jesus Christ and Promote Communities of Joy, Hope, Love and Peace.
3. Provide an outline of the projected timetable for implementation of this program.
4. Do similar programs exist in the target area? If so, in what ways might this program be networked with other programs carrying out the same or a similar mission? What makes this program unique?
5. What elements of invitation to participate in the ministries of the church are planned?
6. How will the program be announced and communicated in the community?
7. What are the sources of personnel and facilities support that will be available for this program?
8. List by name and responsibility persons providing key leadership to this program.
9. What Risk Management issues are involved in this program? How will Risk Management issues be handled?

PROGRAM FINANCIAL INFORMATION:

1. Provide an estimated budget for the program. Show how major budget items relate to the program and how the budgeted amount was calculated.
2. List anticipated funding sources for this project and dollar estimates from each source, including funding being sought through partnerships with any public or private organizations.
3. What funds are immediately available to begin this program?
4. What system of accountability will be in place to insure the responsible stewardship of resources? What reporting mechanisms will be employed?
5. How will decisions be made relative to expenses and income? In what way will the supporting congregation be involved in these decisions?
6. Briefly describe long-term strategies for funding this program at the end of the grant period.
7. In the event that your full request cannot be funded, please indicate the priority items in the proposed budget that are necessary for your program to proceed.

PROGRAM EVALUATION:

1. How will success of the program be defined and measured? Identify the anticipated indicators of success that will serve as a basis of the program's evaluation.
2. Who, within the program, will have responsibility for gathering/maintaining records or information necessary to support proper evaluation of the program?

INFORMATION CERTIFICATION

To the best of my knowledge, I/we certify the information contained in this application to be a true and accurate description of the various elements of the ministry being proposed.

Program Director Name (Print):	
Program Director Signature: ELECTRONIC SIGNATURE VALIDATION: I certify that all of the information entered is true and correct, and that I am submitting my signature electronically by typing my name above.	Date:
Pastor Name (Print):	
Pastor Signature: <i>Click here to enter text.</i> ELECTRONIC SIGNATURE VALIDATION: I certify that all of the information entered is true and correct, and that I am submitting my signature electronically by typing my name above.	Date:
Congregation:	