



Community of Christ

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: \$ _____

New Application

Renewal Application

For Committee Use Only:

RECOMMENDATION:

Fully Fund

Partially Fund (\$_____)

**Application Needs More
Information/Development**

Not Funded

Date of Committee Action





BOLD MOVES

**GRANT PROGRAM OF THE GREATER PACIFIC
NORTHWEST MISSION CENTER**

APPLICATION FORM

PROGRAM NAME: _____

GEOGRAPHIC AREA SERVED: _____

PROGRAM TYPE: ___ Church Plant ___ Church Re-plant ___ New Ministry

GRANTING CYCLE: _____ DATE SUBMITTED: _____

GRANT AMOUNT REQUESTED: _____

PROGRAM SPONSOR(S): (Please list complete name[s] 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.

5. How will the program be announced and communicated in the community? What elements of “invitation” will be used?

6. What are the sources of personnel and facilities support that will be available for this program?

7. List by name and responsibility persons providing key leadership to this program.

8. 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.

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 _____ (Signature) _____ (Date)

(Please Print Name)

Pastor _____ (Signature) _____ (Date)

(Please Print Name)

Congregation _____