

Date _____

East Winds District Board of Missions & Church Extension/Finance Team Grant Application for Organizations*

Mail completed application to: **DBOM & CE/Finance Team**, c/o Linda Squires, EWD Treasurer
119 S Leroy Street, Fenton, MI **48430**

1. Name of Organization: _____

Address: _____

Telephone: _____

Fax: _____ E-Mail: _____

2. Contact Person: _____

Address: _____

Telephone: (H) _____ (W) _____

Fax: _____ E-Mail: _____

3. Type of Grant Request? *Please select one:*

- | | |
|--|---|
| <input type="checkbox"/> 3:1 Challenge Grant | <input type="checkbox"/> Technology Grant |
| <input type="checkbox"/> Special Program Grant | <input type="checkbox"/> Continuing Program Grant |
| <input type="checkbox"/> Barrier Free Grant | <input type="checkbox"/> Vital Church Initiative |
| <input type="checkbox"/> Extraordinary/Special Needs Grant | <input type="checkbox"/> Church Development Grant |
| <input type="checkbox"/> District Youth Grant | |

4. Amount of Grant Request? \$ _____

5. When do you expect to spend the funds? _____

6. How will this grant be used? (Add up to one additional page.) _____

7. Budget Information

a. Budget for the project or program related to the grant: \$ _____

b. Funds currently on hand for this project/program: \$ _____

c. Funds pledged: \$ _____ over _____ months.

d. Bank loan negotiated: YES NO If Yes, Amount \$ _____

Terms: _____ With Whom: _____

e. Have any funds been spent for this project: YES NO

8. Total Annual Budget for the organization's current year \$ _____

For last year: \$ _____

ORGANIZATION INFORMATION

1. How long has his organization existed? _____

2. What social principle(s) does the organization address?

3. What is the organization's mission statement?

4. What are some of the organization's accomplishments?

Applicant's Signature: _____ Date: _____

Title: _____

If Applicable: Pastor's Signature: _____ Date: _____

pdated 03/12/19 cek