

## Grant Application

### Instructions:

1. Complete this application form. Attach supporting information if needed.
2. Applications should be submitted by email to : **myokem@methodistfoundationAR.org**.
3. Cover letters should be submitted on the letterhead of applicant.
4. Please limit total submission to 12 pages.

Date

Name of Applicant

Mailing Address

Applicant Representative

Phone Number

Email

Federal ID#

Has applicant ever received a grant from MFA?

If yes, please indicate amount and funding project.

Amount of Current Request

Total Project Cost

Are there any matching funds? If yes, please indicate.

Have you applied for other grants in support of this project?

If yes, please indicate the grants and there progress.

*Please answer the questions below in the space provided.*

1. What is the program or ministry for which grant funds are being requested?

2. Where will/does the program or ministry take place?

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3. How, specifically, do you intend to use the grant funds?

4. Who will benefit from this program or project?

5. Name the key personnel leading and providing this project. List their responsibilities and their experience.

6. Describe the impact your project will have on your community or congregation. How will you measure this impact?

7. How can other churches or organizations participate in the funding or execution of the program/ministry? Please name any existing or anticipated partners.

8. How will the program or ministry be sustained with declining MFA funding- and eventually- no Foundation funding?

9. Will participants in the program or ministry be charged fees to help defer costs?

10. What are the expected dates the program/ministry will be implemented? Concluded?

Please attach the following items to your application:

- 1. A timeline for your project
- 2. A budget for your project that includes all sources of revenue and itemized line items

By accepting, grant recipient must submit a written report setting forth the following no later than 12 months following the approval of the grant:

- 1. The status of the program/ministry
- 2. The use of grant funds
- 3. The results achieved

**Applicant Signature**

**Date**

Action of Grant Committee:

\_\_\_\_\_ Accept

Notes:

\_\_\_\_\_ Decline

Foundation Approval

Date

**PROJECT BUDGET  
(Template)**



**Year 1**

**REVENUE**

*Total Revenue*

**EXPENSES**

Personnel Salary

Personnel Fringe Benefits

Facilities

Furnishings & Equipment

Consumable Supplies

Travel & Registration

*Total Expenses*