

FLORIDA DISCIPLES MISSION GRANT APPLICATION

* Indicates required field

Pastor * _____

Person applying* _____

Date of application _____

I affirm that the Pastor is in good standing with the region, meeting all requirements of the Commission on Ministry. _____ Yes

CONGREGATION * _____

Email * _____

Church Address * _____

CITY _____ FL ZIP _____

Phone Number * _____

Website _____

INVOLVEMENT OF CONGREGATION IN FLORIDA DISCIPLES *

Our congregation has been an **active** member of the Florida Regional Church, meeting a **minimum of 3** of the following criteria within the past 24 months:

_____ reported to the DOC Yearbook/ALEX

_____ representatives attended Regional Assembly

_____ has a partner serving on the Leadership Council

_____ students attended regional camps

_____ participated in district events or clergy meetings

_____ members attended Disciples regional or general church retreats/events (online or in person)

_____ clergy and/or members served on regional task force or committee

_____ contributed financially to Disciples Mission Fund, Disciples Special Day Offerings, the Retreat, the Region, or other Disciples giving

_____ other: Explain _____

Continue...

FUNDS/RESOURCES

Amount requested (max. \$1000) * _____

What is the cost breakdown for this project? Please be specific. *

Will you receive funds from any other source for this project? If so please list them. *

MISSION AND MINISTRY

Church Mission Statement *

Purpose of Grant *

Program/project start date * _____ . Program/project end date * _____

Program/project target service group *

- Homeless
- Seniors
- Children/youth
- Feeding
- Low income assistance
- Unchurched (i.e. streaming of worship services)
- Other; Explain _____

What is the need or problem your program/project addresses? *

Describe your program/project. How will it benefit your community? *

Continue....

How does your program/project fit with your mission statement? *

How does your program/project share the message, ministry, and love and Jesus Christ? *

List specific, measurable goals, objective and expected outcomes *

Who is responsible for the management of this grant? *

Are you collaborating with any other organizations on this project/program? *

Will there be ongoing need for support? How will you address that need? *

I agree to submit a one-page progress report 6 months from date of award and a final report 12 months from date of award. Please include photos to share with the region. Please submit to: betsy@fldisciples.org or Florida Disciples, 6455 E Silver Springs Blvd, Silver Springs FL 34488. Please note "Grant Progress Report" in heading.

Signed _____