

GRANT APPLICATION
ASHLAND DISTRICT BOM FUND

Ashland District Board of Missions
United Methodist Church

Application deadlines: January 1 and August 1

Mail application to: Ashland District Office P.O Box 1808 Ashland, VA 23005
Fax: 804-752-6652 Phone: 804-798-1649

I. PURPOSE AND ALLOCATION OF FUNDS

These grants are from the District Board of Missions to assist Ashland District ministries:

1. Church building expansion projects
2. Renovation projects
3. Community outreach.

*These mission resources are very limited; therefore applications submitted will be **evaluated on the basis of potential for reaching new persons for Christ.***

II. CHURCH/MINISTRY INFORMATION

Name of Church/Ministry _____

Address _____

Contact Person _____

Telephone Number (Home) _____ **(Work)** _____

Email _____ **(Fax)** _____

AMOUNT OF GRANT REQUESTED _____

III. CHURCH/MINISTRY INFORMATION

Provide a brief description of your vision for mission and growth.

How are you making disciples in the community around you?

What evidence is there that disciples are being made?

IV. COMMUNITY SERVED BY THIS CHURCH/MINISTRY

We describe our community as: rural town suburban urban inner-city

We perceive our community as: declining stable growing

The population of our community is approximately: _____% Anglo-American _____% African-American

_____% Korean-American _____% Hispanic/Latino-American _____% Other

Our congregation/ministry is approximately: _____% Anglo-American _____% African-American

_____% Korean-American _____% Hispanic/Latino-American _____% Other

V. PROJECT DESCRIPTION

Please provide a brief description of the project to be funded:

How will this project help to make disciples of Jesus Christ:

What is the present status of the project (include information on approvals by governing body):

How will you evaluate whether the project is achieving its objectives:

VI. PROJECT FUNDING *(how do you plan to pay for this project?)*

Cost: Estimated or Actual *(check one)* \$ _____

Funds to be applied to above cost:

Cash on hand to be used in this project \$ _____

Other sources *(specify)* \$ _____

_____ \$ _____

_____ \$ _____

Requested amount of this grant \$ _____

TOTAL TO APPLY TO COST \$ _____

VII. CHURCH/MINISTRY FINANCIAL INFORMATION

	<u>2 Years ago</u>	<u>Last year</u>	<u>year-to-date</u>
Actual Operating Income	\$ _____	\$ _____	\$ _____
Actual Operating Expenses	\$ _____	\$ _____	\$ _____
Conference Total Apportionment	\$ _____	\$ _____	
Amount Paid	\$ _____	\$ _____	

Attach year end financial statements (including detailed actual income and expense reports) for two prior years and current year-to-date for the church budget, building fund and any other accounts maintained by the church/ministry.

VIII. APPROVAL BY PASTOR OR MINISTRY BOARD CHAIRPERSON

I hereby certify that I have examined the statements given in this application, and they are correct.
If required, the District Board of Church Location and Building has approved the project.

Signed: _____
(Pastor or Ministry Board Chairperson)

Date: _____

(Revised January 2005)