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

_____Sr. Minister has standing and is up to date with required trainings

_____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: sandy@fldisciples.org or Florida Disciples, 6455 E Silver Springs Blvd, Silver Springs FL 34488. Please note "Grant Progress Report" in heading.

Signed_____