



GRANT APPLICATION

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

District (if a church) _____ Incorporated? _____ Yes _____ No

Organization Fed. I.D. Number: _____ IRS exempt letter? _____ Yes _____ No

Contact Person: _____ Title: _____

Email Address: _____ Phone: _____

Please describe the mission and major goals of your organization: _____

PROJECT INFORMATION:

Missional Area: Evangelism Missions Stewardship Leadership Facility

Project Name: _____

Total Cost of Project: \$ _____ Grant Requested: \$ _____ Date Project Begins: _____

Describe the project: _____

What community will be impacted by this project? _____

How many people do you anticipate will benefit from this project? _____

How will this project bring unchurched people into relationship with Christ or facilitate discipling?

Over

How will this new ministry follow up and disciple those it reaches? _____

What other sources of support have you developed for this ministry? _____

How will grant funds be used? _____

How will you sustain this ministry? _____

Use additional sheets as necessary to give complete answers

GRANT APPLICATION DOCUMENTATION:

To evaluate your application properly, the following documentation must be attached:

1. A copy of your organization's current budget with actual year to date income and expenses.
2. A copy of the project budget, showing both your funding plan as well as expenses.
3. The names, addresses and phone numbers of the church or organization's leaders and project leaders.
4. Any other supplementary materials that would describe the need for the project.

I certify that all the information provided in this application and on supplemental documents are accurate and complete to my knowledge.

Applicant Name (Please print)

Title

Applicant Signature

Date of Application

Grant application deadline is April 1st for Spring grants or October 1st for Fall grants. (Any exception to this is by approval of the HM Foundation Gifts & Grants Committee). You will receive notification of grant action in June (spring) or December (fall).

Send Application and Documentation to:
Heartland Methodist Foundation
8401 Fishers Center Drive. Fishers, IN 46038

(For Foundation use only)

Comments: _____

Committee Recommendation: _____ Decline _____ Approve - Amount \$ _____

Date: _____ Gifts & Grants Chair Signature: _____

Check # _____ Check Date _____ Account # _____