

Central Plains Mennonite Conference New Ministries Grant Application Form

I. APPLICANT _____

A. Address _____

B. Name of Church _____

C. Contact Person and Title _____

1. Telephone Number _____ Fax _____

2. Email Address _____

3. Make Check Payable to _____

II. PROJECT

A. Project Title: _____

B. Anticipated Start Date: _____

C. Location of Project: _____

D. Attach a description of project and objectives: Tell us how your proposal aligns with any or all of our conference priorities: holistic witness, developing leadership, nurturing fellowship, and promoting lifelong discipleship.

III. FINANCIAL INFORMATION:

A. Please outline all expenses, including those met by personal and other contributions.

B. Amount requested in this grant. _____ date by which a decision is needed _____

C. Explain how much the church or group will contribute.

D. Have you applied for other grants? ____ From whom? _____

IV. GENERAL

Attach copies of any significant materials, newsletter, brochures, articles, etc. which shed light on the project or your organization.

Submitted Date: _____

Return this form to Central Plains Mennonite Conference, PO Box 101, Freeman, SD 57029. Please allow up to 90 days for processing of your request.
