

NWD GRANT APPLICATION FOR MISSIONS AND MINISTRY

Church/Collaborating Churches Name/s:

Address/es:

City/Cities:

Zip:

Emails:

Person submitting this application:

Phone:

Application Type

New Ministry Project

Mission Trip Scholarship

Local Church Zoom Annual Fee

Name of Ministry Project:

Describe the Project:

Anticipated Start Date:

1.What is the Vision of your church/es?

2.Describe how this project will demonstrate the love of Christ to your community?

3.How does this project address the grant criteria?

4.What percentage of your Ministry Shares have you paid for the past 5 years?

1. Financial Information

- a. Total Anticipated Expense
- b. Amount Requested from District Grant:
- c. Amount Funded by Grant Applicants (how much are you contributing):
- d. Other Funding: (list each source and amount)

- e. Attach an itemized budget for the project

Who should be notified of the grant decision?

Name:

Phone:

Email

Make Check payable to:

Pastor/s Name:

Pastor/s Signature:

Date: