



**Belin Memorial United Methodist Church**  
**Make Disciples (Learners and Followers) of Jesus Christ**

**Grant Application for Funds from Missions Committee**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Mission Statement/Purpose of Organization: \_\_\_\_\_

How much is your annual operating budget and what are your major sources of funding?

What percentage of the funds will be used for programs compared to administrative?

Amount Requested: \$ \_\_\_\_\_  
Specifically how will funds be used from grant? \_\_\_\_\_

How many individuals will benefit from this grant and how? \_\_\_\_\_

Are there other organizations assisting with this project? Yes/No If so, who and how much?

Have you received funds from the Missions Committee and/or any other source at Belin United Methodist Church over the past 3 yrs? Yes/No If you have, please state the source(s) and amounts \_\_\_\_\_

How will this project/program be evaluated for effectiveness? \_\_\_\_\_

What will be the outcome if this grant request is denied? \_\_\_\_\_

Any additional information you would like to provide to the committee regarding your grant request? \_\_\_\_\_

Will you be willing to present to the committee how the funds were spent either in writing or in person? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE