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|  | Organization Name:Click or tap here to enter text.Project Name:Click or tap here to enter text. | Full Amount of Funds Requested:Click or tap here to enter text.Minimum Amount Acceptable to Benefit Project if Only Partial Funding is Available:Click or tap here to enter text. |
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| **I. GRANT REQUEST INFORMATION**  |
| Date funds needed Click or tap to enter a date. | New or existing project: Choose an item. |
| Geographic area served Click or tap here to enter text.Estimate of individuals impacted by the project; please include methodology calculating the given number: Click or tap here to enter text. |
| Project Description, including:1. The main organizational or community need this grant request addresses and details on why and how you address these issues. Click or tap here to enter text.
2. The qualifications or the experience your organization and staff have related to the proposed activities. Click or tap here to enter text.
3. Evaluation and performance measures of the project, i.e. surveys of participants.

Click or tap here to enter text. |
| Implementation Timeline: Include major events, activities, and when and where they will take place. Please use bullet points or a numbered listed in chronological order.Click or tap here to enter text. |

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| Financial Information, including:1. Detailed budget of the proposed project outlining specific costs
2. Why your organization’s current budget will not support the proposed project
3. Other sources of funding
4. Identify the lead person for this project and provide contact information if different from applicant. Include a list or number of project team members and their roles with the organization (i.e.: staff, director, board member, volunteer etc.)

Click or tap here to enter text. |
| Describe how your organization will support the project after the term of this grant. *(Please note that previous or current funding does not guarantee future funding.)*Click or tap here to enter text. |
| Short-term and long-term goals of the project, goals can be listed as:1. Outputs: Direct products of the activities proposed measured in terms of volume of work accomplished – for example, number of people served
2. Outcomes: Benefits or changes to individuals, families, communities, etc. resulting from program participation
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|  | 1. Click or tap here to enter text. |  |
| 2. Click or tap here to enter text. |
| 3. Click or tap here to enter text. |
| **II. ORGANIZATION INFORMATION** |
| Organization mission statement: Click or tap here to enter text.Website: Click or tap here to enter text. |

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| **III. CONTACT INFORMATION** |
| Key Grant Applicant Contact:Name: Click or tap here to enter text.Position or Title: Click or tap here to enter text.Email: Click or tap here to enter text.Phone: Click or tap here to enter text. | Senior Minister or Regional Minister who will oversee the project:Name: Click or tap here to enter text.Position or Title: Click or tap here to enter text.Email: Click or tap here to enter text.Phone: Click or tap here to enter text. |
| Church or Organization **Mailing** address: Address Click or tap here to enter text.City: Click or tap here to enter text.State: Select State ZIP Code: Click or tap here to enter text. | Physical address, if different from mailing: Address Click or tap here to enter text.City: Click or tap here to enter text.State: Select StateZIP code: Click or tap here to enter text. |

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| **IV. EXECUTIVE SUMMARY (OPTIONAL)** |
| If you would like ODF to share your mission or ministry with other Disciples, please attach a separate summary document and photos. This document (article) will, in essence, tell the story of your project and request in a summarized form (600 words or less). Your story should mention key elements of the proposal, the overall mission and work of your organization and the impact this grant request will have on the program or mission.A suggested format would include:1. An introduction that includes the mission of the organization.
2. One to two paragraphs that summarize the proposed project, including the segment of the community served.
3. One paragraph outlining the desired outcome, benefits to the community and how you define success of the proposed project.

 Click or tap here to enter text.  |

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| **For organizations other than churches:**Your program/mission should be supported by or associated with a local Disciples Church and signed off by the Minister or Regional Minister. You must provide proof of your 501 (c)(3) non-profit status.**Name of supporting Disciples Church and city located** Click or tap here to enter text.  |
| **Briefly describe your affiliation or relationship with the Church or Region:**Click or tap here to enter text.  By signing below, you certify all information included in this application is correct. If awarded grant funding, you agree to use the funds as intended in the application. Additionally, by signing, you authorize Oklahoma Disciples Foundation to publish the Executive Summary provided above in future newsletters and social media posts.Signature of Key Contact responsible for grant applicationDate: Click or tap to enter a date. Signature of authorized Christian Church (DOC) representative (Senior Minister or Regional Minister).Date: Click or tap to enter a date.  |