



GRANT APPLICATION

Arkansas-Oklahoma Synod

Mission Endowment Fund

Name of Organization/Agency/Ministry requesting grant

Address _____

Amount of grant request \$ _____ (maximum \$5,000)

Please note: Grants cannot include funding for fund raising.

PURPOSE OF GRANT

1. **OBJECTIVE** (What do you intend to accomplish that will improve or enhance the ministry of Christ and his Church?)
2. **NEEDS** (Why is your project necessary?)
3. **PLAN** (How do you intend to implement your project?)
4. **GOALS** (What are the specific, measurable outcomes in pursuit of your objective?)

(Please use additional pages as necessary. More information is better than less.)

BUDGET

Budget Proposal (How will the grant money be spent?)

(Attach financial statements that demonstrate previous support, if applicable, of this project or ministry. Be specific about other current income sources which fund this project. Please use other pages as may be necessary.)

CONTACT INFORMATION

Name of person requesting grant _____

Address _____

Phone (area code) _____ Email _____

Date of application _____

(Return this application to the Synod address, in care of MISSION ENDOWMENT FUND)