



Grant Application

*Please follow NCCP Grant Application
Instructions guide.*

A. General Information

Title: _____ Project Start Date: _____

Application Date: _____ Project Completion Date: _____

1. Grant Program *(select one)*

- | | |
|----------------------------|---------------------------|
| General Assistance | New Worship/Redevelopment |
| Leadership Development | Ethnic Fellowship |
| Children and Youth | Pastoral Support |
| Mission Support | New Ministry Initiatives |
| Other --> Please identify: | |

Project/Program Budget Information

Requested amounts are automatically brought forward from Section C.

Grant Amount Requested: _____ Total Anticipated Project Cost: _____

2. Executive Summary:

Briefly explain the need, goal, and anticipated results. (1,000 character limit)

3. Project Contact:

Please identify the individual most knowledgeable about the project. This person is generally the informed person who can answer questions about the project, will be submitting progress reports, and will be responsible for submitting a final report for the project.

Project Contact: _____

Contact's email: _____

Contact's cell
phone: _____

(. Project Sponsor:

The Sponsor is either a Church, the Project Contact, NCCP, or another entity. The Sponsor will receive the grant funds from the NCCP Treasurer and will be responsible for paying the project expenses and also providing bookkeeping services. Qualified New Worshiping Communities may serve as project sponsors. If NCCP is the sponsor, leave the Federal Tax ID blank.

Church _____

NWC or NMI

For New Worshiping Communities or New Ministry Initiatives, Please select the sponsoring Church or NCCP

Project Contact _____

NCCP Initiative

Other sponsor - Please identify: _____

Other sponsor Fed. Tax ID: _____

5. Bookkeeper:

The Bookkeeper is the person that will be doing the accounting work for the project. This could be the Sponsor's Finance Officer, Treasurer, Office Administrator, or other agent of the sponsor that handles the money and pays the bills.

Bookkeeper's Name: _____

Bookkeeper's email: _____

Bookkeeper's cell phone: _____

6.Payment:

Enter the name and mailing address for the entity that will be receiving the grant funds. In the case of NCCP sponsored projects, enter the name and mailing address of the individual who will be receiving the grant funds.

Make checks payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

7. Liability Insurance:

Whose insurance policy is covering the project: _____

A certificate of insurance from the insurance carrier may be required.

B. Narrative Descriptions

Please describe the project or program by answering the questions in the spaces provided below. Provide other information you feel would be helpful to the NCCP committee considering the grant request.

1. *Why do you want to do this? Please expand on the need for this project or program. How is this ministry a part of the overall vision of your congregation or worshiping community? (1,500-character limit)*
2. *As specifically as possible, give a brief description of how the requested funds (or other resources) will be used to further this ministry. Please include a timeline for use of the funds. For mission trips or other events requiring travel, include information on the location of the mission or event. (1,500-character limit)*

3.1 What are the specific goals, objectives and outcomes expected from this project or program?
How will you measure outcomes and success? (1,500-character limit)

4 How will you know if you have succeeded in reaching the goal(s) identified in your answers to question 3?
(1,500-character limit)

5 What other funding, help, or resources are expected from this project? Who are they and what are they bringing to the program/project? Estimate the value of anticipated in-kind donations and volunteer effort. Show the dollar amounts on the budget sheet. (Partner's Name field will expand to a 20-character limit, the description will expand to a 500-character limit)

\$	Partner's Name	Describe the contribution

6. *If you do not get the grant or get less than your request, what will you do? (1500-character limit)*
7. *If this is for an already established on-going program or a new program intended to be ongoing, how will the program be maintained once the grant funds are exhausted? (1500- character limit)*
8. *How do you anticipate sharing your/the group's experience? (1500 character limit)*

C. Project Budget Information

Title: _____ Project Contact: _____

Complete the budget form. In Column C, grant income (C8) must match grant expenses (C36).

A1	B	C	D	E	F
2	Line Item	NCCP Grant			Project or Program Totals
3					
4	NCCP grant				
5	Offerings/donations				
6	General fund				
7	Other funding				
8	Total Income				
9					
10	Personnel				
11					
12					
13					
14					
15	<i>Sub Total Personnel</i>				
16	Contractors				
17					
18					
19					
20	<i>Sub Total Contractors</i>				
21	Specific Expenses				
22					
23					
24					
25					
26					
27					
28					
29	<i>Sub Total Specific</i>				
30	Indirect General Expenses				
31					
32					
33					
34					
35	<i>Sub-Total General</i>				
36					

E. Signatures

Contact: _____

Date: _____

Sponsor: _____

Date: _____

F. NCCP Use

The following fields are for NCCP Use Only

Committee:	Action:
Sub-Committee:	Amount Requested:
Project ID:	Amount Funded:

Committee chairs: enter the amount to be funded out of the selected fund. Funds are organized by the Grant Program and committee responsible for managing the fund. Projects can be split funded by selecting a second fund and entering an amount.

Mission Support

New Ministry Initiatives

New Worship/Redevelopment
VIM Congregational Vitality

Children and Youth
VIM Congregational Vitality

General Assistance
VIM Congregational Vitality

Leadership Development Funds
VIM Pastoral Vitality

Ethnic Fellowship
VIM Congregational Vitality

Pastoral Support Funds
VIM Pastoral Vitality