

**Peninsula District Board of Missions
Application for Grant**

Date _____

Organization Name: _____

Mailing Address: _____

Email Address: _____

State the Mission of the Organization (50 words or less)

How do you connect the mission of your organization with our granting organization?

Target Groups _____

Length of time for services to the group _____

Leadership/Personnel (Director) _____

Have you received prior grants from our District Board of Missions? _____ Yes _____ No

Dates _____

Amounts _____

Amount of this request _____

Attachments

Latest Audit

Current Year Budget

Spending to date

Projected budget for the 2010 year

This form and attachments must be returned by November 1, 2009 to:

Peninsula District Office

P.O. Box 11108

Newport News, VA 23601

Engaging in Risk-taking Mission and Service