



Board of Global Ministries
Detroit Conference of the United Methodist Church
Health and Wellness Committee
Contact Person: Floyd Stevens

Accessibility Grant Application Form

Return Completed Application to:

Floyd Stevens
2063 Hawthorne Dr.
Bay City, MI 48706

Church Name _____

Street Address _____

City _____ State _____ Zip _____

District _____

Contact Person _____ Phone No. _____

Application Date _____

Please describe the project that you are undertaking and for which you are seeking grant assistance. What is the total project cost estimate, if available? When do you intend to begin the project? Please limit your description to the space provided below.

This space for Committee use

Date Received _____ Date presented _____

____ Approved

____ Not approved (reason for denial) _____

____ Church Notified of decision on: (Date) _____