

Date _____

Port Huron District
Board of Missions and Church Extension
Application for Grant

Mail completed application to: Board of Missions, Port Huron District Office
4580 North Road, North Street, MI 48049-2702

Non-United Methodist Organizations please include newsletters and other supporting materials to help us know more about you.

1. Name of Church or Organization: _____
Address: _____

Telephone: _____

Fax: _____ E-Mail _____

2. Contact Person: _____
Address: _____

Telephone: (H) _____ (W) _____

Fax: _____ E-Mail _____

3. Type of Grant Request? _____

4. Amount of Grant Request? _____

5. When do you expect to spend the funds? _____

6. How will this grant be used? (Add up to one additional page.) _____

7. Budget Information

a. Budget for the project or program related to the grant: \$ _____

b. Funds currently on hand for this projector program: \$ _____

c. Funds pledged: \$ _____ over _____ months.

d. Bank loan negotiated (circle one) Yes No If Yes, Amount \$ _____

Terms: _____ With Whom: _____

8. Total Annual Budget for the church's or organization's current year: \$ _____

For last year: \$ _____

FOR CHURCHES ONLY

1. Percentage of apportionments paid last year:

Conference _____% District _____%

2. For Building Projects: How far along in the approval process are you? (circle one)

First / Second / Third Church conference.

3. Has this project been before the District Board of Church Location and Building?

Yes No Date approved: _____

4. Are you a spotlight church? (circle one) Yes No

5. Have any members of your church participated in a Volunteers in Mission (V.I.M.) project?

(circle one) Yes No Where? _____

6. Do you currently support a missionary? In what ways? _____

7. Do you currently support local, national, and global mission projects? Which ones and in what ways? _____

8. Does your church have a continuing mission education program? Please describe. _____

Signed _____ Date _____

Title _____