**GENERAL INFORMATION ABOUT GRANTS**

All grants are submitted using the form provided. Attachments should be labeled with your project name and date and uploaded with your grant application.

***Your District Superintendent and the Chair of the District Strategy Team must review and sign the application form before it will be considered for review and funding***.

Information found in a Mission Insight Report is helpful in formulating an accurate grant application. Additionally, some grants require specific information found in the report. You may obtain a free report specific to your geographical location by contacting Shelly Kennerdell at 210-408-4514 or skennerdell@riotexas.org.

You will be notified of any missing or additional documentation that is needed and given a reasonable time to cure the deficiency. Additionally, information regarding anticipated dates of action to be taken by the Grant Review Committee will be provided to you.

**Schedule for submission of grant applications**

The deadline for submission of grant applications are: April 15, 2018 and August 15, 2018.

After the Grant Review Committee has reviewed your completed application, you will be contacted to schedule a time to discuss your project with the Committee in person or via Zoom Teleconferencing. (Dial-in information will be sent to you.)

**Certain general restrictions**

New Places, New People grant funds are awarded for a one-year period in an amount up to $15,000. Applications may be submitted for a second year of funding. Applicants must receive permission from the Grant Review Committee to submit an application for a third year. (This permission is only for submission of the application and does not guarantee approval of the request.)

Funds for new church starts and new faith communities may be awarded on a three-year basis, with a maximum grant of $120,000.

**GRANT APPLICATION FORM**

|  |  |
| --- | --- |
| **Title of Project or Initiative**: | Click here to enter text. |
| **Contact person:** | Click here to enter text. |
| **Street address:** | Click here to enter text. |
| **City:** | Click here to enter text. |
| **State:** | Click here to enter text. |
| **Zip:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Name of District:** | Click here to enter text. |
| **Email of District office:** | Click here to enter text. |
| **Name of District Superintendent:** | Click here to enter text. |
| **Name of District Strategy Team Chair:** | Click here to enter text. |
| **Amount requested (in whole dollars): (See General Information)** | Click here to enter text. |

**Required attachments**

I have uploaded/attached the following items:

Budget for the project. **(Must also include other sources of funding secured or being sought after)**

Implementation timetable for the various project components.

Our written plan for making disciples and changing lives.

List of project leadership in place

***Please answer the following questions as completely as possible. You should submit as much supporting documentation as possible. This includes letters of recommendation, PowerPoint presentations, Excel spreadsheets, photos, diagrams, drawings etc. that support your project. The more information you can provide the better. The Grant Committee will review all documentation that is submitted.***

1. Provide a detailed description of your project and its intended outcome. What specific group of people do you intend to reach?

***Answer Here:*** Click here to enter text.

1. How will you evaluate your project throughout its implementation? What standards and procedures will you use to determine the effectiveness of the project? How often will you evaluate this ministry? Will you report statistics monthly to the Mission Vitality Center?

***Answer Here:*** Click here to enter text.

1. How have initiative participants been involved in the planning and design of your project? How will they be involved in the ongoing leadership of your project?

***Answer Here:*** Click here to enter text.

1. Transformation is grounded in teaching, learning, leadership development, and spiritual formation. How does your project address these elements of transformation?

***Answer Here:*** Click here to enter text.

1. What are the biblical/theological foundations for your project?

***Answer Here:*** Click here to enter text.

1. What factors in the church, community or culture have led you to the creation of your project? What specific problems or issues are you seeking to address?

***Answer Here:*** Click here to enter text.

1. How will your project nurture participants in their faith journey?

***Answer Here:*** Click here to enter text.

1. What is your strategy for sharing learning and ministry design with other local churches, districts, and the annual conference?

***Answer Here:*** Click here to enter text.

1. How does this project call, equip, and empower clergy and laity to be agents of transformation in the church and/or community?

***Answer Here:*** Click here to enter text.

1. How does your project demonstrate inclusiveness and cultural sensitivity in design and implementation?

***Answer Here:*** Click here to enter text.

1. As this is seed funding, how do you plan on sustaining this ministry in the future?

***Answer Here:***  Click here to enter text.

**If your ministry involves contact with the vulnerable, have you and/or the persons engaged in this ministry:**

**- been certified in the Rio Texas Safety Policy?  
- are you current on your annual safety training requirements?  
- up to date on your background screenings?**

**(required for all adults in ministry with the vulnerable)**

**Please list the last date, location, and facilitator, of your annual training for this ministry:**Click here to enter text.

Thank you for completing this Grant Application form. Please email this completed form to your District office for review and approval. The District office will send the final version to the Rio Texas Conference office.

**GRANT APPLICATION APPROVAL**

|  |
| --- |
| I have reviewed, approved and support funding for this grant application. **(Click box)** |
| Printed Name: Click here to enter text.: |
| **District Superintendent** |
|  |
| I have reviewed, approved and support funding for this grant application. **(Click box)** |
|  |
| Printed Name: Click here to enter text. |
| **Chair, District Strategy Team** |

Additional notes or comments: Click here to enter text.