

**Programs and Grants Committee
Ministry and Mission Grant Application**

Name of Organization: _____

Primary Contact:

Name: _____

Congregation: _____

Phone: _____

Email: _____

Secondary Contact:

Name: _____

Congregation: _____

Phone: _____

Email: _____

Dollar Amount Requested: \$ _____ **Date of Request:** _____

1. Please state the purpose for the grant

2. What are the expected results of the program/project?

3. What is the expected timeline of the program/project?

4. Are there other funding sources involved? If so, from where and how much per year?

5. How do you plan on reporting your progress?

Upon completion of this application, please send it to the following address:

Rev. Katie Barrett Todd, Programs & Grants Chair
8320 Rockledge Road Unit 903, Lincoln, NE 68506
revkbtodd@gmail.com