



Greater New Jersey Annual Conference

Multi Ethnic Coordinating Committee

Grant Application

Deadline - March 2, 2007, 4:00pm

1. Name of Church: _____ District: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Position in church: _____

Phone: Day(____) _____ Eve:(____) _____ Fax: (____) _____ E-mail: _____

Name of Pastor: _____

2. Name of ministry/program _____

3. Briefly describe your ministry/program and share its "target group." (Share number of participants, hours of operation, number of days.)

4. How will this ministry/program be intentional about reaching across racial and cultural boundaries? _____

5. What are the needs in your community that this ministry/program will address? _____

6. What are your expected outcomes? What do you hope to accomplish by having this program/ministry?

7. Are there other organizations/agencies involved in this program? Yes No Please explain: _____

8. a. If an existing ministry/program, what difference has this program made in your church/faith community? _____

b. If an existing ministry/program, what difference has this program made in the world beyond your walls? _____

9. How many people will be served by your ministry/program? Who are they? (Put a face on your ministry) _____

10. **Is this a new program?** Yes No ***If YES, skip to question number 11.***

If you have received grants for this program before, please answer the following questions:

a. List three goals of the ministry/program and evaluate your success in meeting them: _____

b. On a scale of one to five, how would you rate the effectiveness of this program over the last 2 years? (Five is the best) Feel free to evaluate each year separately)? Why did you give this rating?

c. What were factors that contributed to the success or hindered the effectiveness of the ministry? _____

d. What strategies are planned to increase effectiveness? _____

11. **If this is a new ministry/program**, please answer the following questions:

a. If the ministry/program is not already operational, what preparatory steps have been taken? _____

b. What is the date you expect to this ministry/program to be fully operational? _____

12 a. What training, if any, has your leadership team received? _____

b. Do you have a Safe Sanctuary and Child Abuse Policy? Yes No

Do you follow specific guidelines and procedures in your ministries with children, youth, and vulnerable adults? Yes No

(Please attach copy) *If you need help updating your policy, please contact the Coordinator for Children, Youth & Young Adult Ministries, Rev. Allan Brooks at 732-359-1042.*

13. What is the membership of your church? _____ Average Attendance? _____

14. What is the total annual budget for this ministry/program \$ _____

Attach a copy of the budget for this ministry/program; detailing projected BOTH Income & Expenses.

15. What dollar amount are you requesting to receive as a grant? \$ _____

16. Grant Funds, if awarded, to be made payable to: _____

Funds to be mailed to: _____

17. Evaluation: PLEASE send evaluation of your program with or without pictures to:

Multi-Ethnic Committee, GNJAC, 1001 Wickapecko Drive, Ocean, NJ 07712.

This application, with information contained herein, is hereby endorsed by the Church Council of said church, and by the District Superintendent as noted below.

_____/_____/_____
Church Council Chairperson's signature Date Pastor's signature Date

_____/_____/_____
District Superintendent's signature Date

Please send completed application to:
Multi-Ethnic Coordinating Committee
"Funding Application"
Greater New Jersey Conference
1001 Wickapecko Drive
Ocean, NJ 07712

For Committee Use: