

**NYAC Parish Development Committee  
Mission Grant Application Form**

(This form to be used for new grants and requests for continuation of funds)

**Part I** (to be filled out by church)

Church: \_\_\_\_\_ GCFA # \_\_\_\_\_

District \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Church Email \_\_\_\_\_

Number of Services per week \_\_\_\_\_ Average Weekly Attendance (total) \_\_\_\_\_

Brief Description of the Church's congregation and immediate Community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name / Title of Program Seeking Funding: \_\_\_\_\_

Explain the reasoning behind the church's decision to implement this program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Identify the Persons or Groups to be served by this program \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Purpose and Goals of Program (list all relevant aspects of the program including day/time, number of people needed to operate the program, material resources required, location in/out of the church, equipment needed and/or any improvements to be made to the facility)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of funds requested from Parish Development \$ \_\_\_\_\_

Amount of funds from the local congregation to be invested in the program \$ \_\_\_\_\_

Other funders: Amount of funds from community groups or agencies (City Society, United Way, EFAP, HIPNAP, Food Bank, etc.) \$ \_\_\_\_\_

Provide detail of how Parish Development funds will be used (if a detailed budget of the program is written, please attach): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this is a request for continuation of funds, please provide evidence of how previous funds were expended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach to this application:

Current year's church budget and the proposed budget for the next year

Church's Balance Sheet (Assets & Liabilities) and/or current Audit Report

By submitting this application, the church acknowledges that the final decision rests with the Parish Development Committee and its acceptance / rejection will be determined based upon the evidence of need as presented in said application. Further, the church also acknowledges that acceptance of this application and its accompanying funds are subject to quarterly review. The church agrees to provide evidence of the expenditures of said funds when notified by the Conference Office prior to the release of funds each quarter.

Submitted by:

\_\_\_\_\_  
Pastor Date \_\_\_\_\_

\_\_\_\_\_  
Church Council President Date \_\_\_\_\_

\_\_\_\_\_  
Church Treasurer Date \_\_\_\_\_

**Part II** (to be filled out by District Committee of Parish Development)

Has church applying for funds been visited by Chair or member of the District Committee?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If no, application will not be considered)

If yes, who visited church and when?

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Name of Church Representative met by Committee \_\_\_\_\_

Brief Description of the condition of the church and its facilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

After visiting the church, examining its condition, and learning about the program, does the Committee believe this program should be funded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain reason for answer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

Name / Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Part III** (to be filled out by the Pastor)

Church seeking funds is in compliance for the past five years with:

Apportionments Past and Current: \_\_\_\_ Yes \_\_\_\_ No

Pastor's Benefits: \_\_\_\_ Yes \_\_\_\_ No

Parish Development Loans outstanding (if applicable) \_\_\_\_ Yes \_\_\_\_ No

If any questions were answered NO, please explain the circumstances under which this application should be considered:

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By signing and approving this application, I certify that the church seeking these funds to start / continue a ministry – mission program, has been deemed vital to making Disciples of Jesus Christ. I am also assured that the funds given will not be used for any other purpose other than the program described herein.

Name: \_\_\_\_\_ District \_\_\_\_\_

Date: \_\_\_\_\_

**Part IV** (to be filled out by the Parish Development Committee)

Action taken by Committee - Approved \_\_\_\_ Rejected \_\_\_\_ Tabled \_\_\_\_

Amount of funds granted \$ \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**Note:** Send completed application to your District Parish Development Chairperson