

**FAITH FORMATION DESIGNATED FUND
GRANT APPLICATION FORM**



CHRISTIAN CHURCH
| (DISCIPLES of CHRIST) | in INDIANA

Applicant Information

Congregation/Group

Address

City

State

Zip Code

Name of Pastor

Contact Person

()

Phone Number

Email Address

\$

Amount of funds sought from grant

**Date approved by
Congregation's Board**

Overview of Plan for New Initiative

1.) Background and process for the development of the new faith formation initiative:

[FOR OFFICE USE]

DATE RECEIVED

RECEIVED BY

Overview of Plan for New Initiative (continued)

2.) Provide a brief description of the new initiative:

a.) Goals:

b.) Strategies:

3.) How do you envision the initiative strengthening the faith of your community:

4.) Local/current resources (financial, physical, personnel, etc.):

Overview of Plan for New Initiative (continued)

5.) What are your plans for development/implementation of this initiative, including timeline, person(s)/group responsible for implementation/supervision, and plans for evaluation:

Proposed Budget

1.) Anticipated Income

a.) Regional grant requested (maximum of \$5,000)	\$ _____
b.) Congregational contribution (must be at least 10% of grant)	\$ _____
c.) Individual donations	\$ _____
d.) Other	\$ _____
Total anticipated income	\$ _____

2.) Anticipated Expenditures (should equal at least amount of grant & congregational contribution)

a.) Resource people	\$ _____
b.) Materials (list & itemize)	\$ _____
_____	\$ _____
_____	\$ _____
c.) Other (list & itemize)	\$ _____
_____	\$ _____
_____	\$ _____
Total Anticipated Expenditures	\$ _____

Submitted by: _____
(Name)

(Position)

The application should be:

- 1.) Approved by the congregation's board
- 2.) Submitted by the Board Chair/Moderator

before being considered by the Commission on Faith Formation.

PLEASE RETURN APPLICATION TO:

Christian Church in Indiana
Commission on Faith Formation
1100 W. 42nd St., Suite 150
Indianapolis, IN 46208

OR VIA EMAIL TO:

cheryl@indianadisciples.org