

**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.) Amount of grant money requested \$ \_\_\_\_\_  
Less 10% congregational contribution \$ \_\_\_\_\_  
Total money to receive \$ \_\_\_\_\_

2.) Anticipated Income  
a.) Local congregation budget \$ \_\_\_\_\_  
b.) Individual donations \$ \_\_\_\_\_  
c.) Other \$ \_\_\_\_\_  
Total anticipated income \$ \_\_\_\_\_

3.) Anticipated Expenditures  
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 congregations board
- 2.) Signed by the Board Chair/Moderator

before being considered by the Commission on Faith Formation. Grants will be considered two times a year by the Commission on Faith Formation. Deadline for receiving applications:

**MAY 10TH AND ~~SEPTEMBER 10TH~~ OCTOBER 10TH**

**PLEASE RETURN TO:**

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

**OR VIA EMAIL TO:**

[sandy@indianadisciples.org](mailto:sandy@indianadisciples.org)