

PENN WEST CONFERENCE OF THE UNITED CHURCH OF CHRIST

GRANT APPLICATION

2016-2017

Submitted to Mission Grants Committee

To be completed by applicant – 1 proposal per application

Section 1:

PROJECT/PROGRAM TITLE: [Click here to enter text.](#)

AMOUNT REQUESTED: [Click here to enter text.](#)

CONGREGATION TO BE FUNDED: [Click here to enter text.](#)

CONTACT PERSON: [Click here to enter text.](#)

ADDRESS: [Click here to enter text.](#)

CITY: [Click here to enter text.](#) STATE: [Click here to enter text.](#) ZIP: [Click here to enter text.](#)

PHONE: [Click here to enter text.](#) EMAIL: [Click here to enter text.](#)

FAX: [Click here to enter text.](#)

ORGANIZATION WEB ADDRESS: [Click here to enter text.](#)

Area of Service: Rural Suburban Urban

UCC ASSOCIATION in which this organization is located: [Click here to enter text.](#)

Total Number of Membership: [Click here to enter text.](#)

Average Number in Worship: [Click here to enter text.](#)

Award Category for this application (check):

- Reaching Out (\$1,500 maximum award)
- Strengthening the Church (\$1,500 maximum award)
- Operational (\$1,000 maximum award)

Are you seeking funds from other sources? YES NO

If yes, from whom and whether amounts have been awarded or are pending?

[Click here to enter text.](#)

If any part of your project remains unfunded after considering this application, please share how balance of project/program will be funded? [Click here to enter text.](#)

SUMMARY OF THE PROJECT TO BE FUNDED:

[Click here to enter text.](#) One paragraph, please.

PLEASE STATE CONCISELY YOUR RESPONSE TO THE FOLLOWING:

- **HOW THESE FUNDS, IF AWARDED, BUILD THE BODY OF CHRIST ON BEHALF OF THE PENN WEST CONFERENCE AND THE UNITED CHURCH OF CHRIST?** [Click here to enter text.](#)
- **WHAT ARE THE PRIMARY GOALS AND OBJECTIVES OF THIS PROPOSAL?** [Click here to enter text.](#)
- **IDENTIFY THE TARGET POPULATION THAT WILL BENEFIT OR PARTICIPATE IN THIS PROJECT AND THE APPROXIMATE NUMBER OF PEOPLE WHO WILL BE REACHED.** [Click here to enter text.](#)
- **DESCRIBE WHETHER THE IMPACT WILL BE FELT IN YOUR CONGREGATION, COMMUNITY OR REGION.** [Click here to enter text.](#)
- **SHARE THE TIMELINE FOR YOUR PROPOSAL.** [Click here to enter text.](#)

PROJECT/PROGRAM BUDGET: Please complete the attached budget indicating all project/program costs and funding sources. [Please see attached.](#)

Mail, fax or email completed application BY AUGUST 15, 2016 to:

Penn West Conference of the United Church of Christ

Attn.: Mission Grants Committee

312 S. Maple Ave., Suite PWC

Greensburg, PA 15601

Fax: 724-834-0324

[Email: office@pennwest.org](mailto:office@pennwest.org)

Phone: 724-834-0344