



EMERGENCY GRANT APPLICATION FORM

Name of Church _____

Address _____

Phone _____

E-mail _____

Pastor _____

Lay-Leader _____

Chair Trustees _____

In separate documents, please provide your response to the following:

1. Need: Please describe the nature of the emergency.
2. How have ministries been impacted?
3. Is this a one-time event?
4. What steps are being taken to resolve the problem?
5. How will grant funds be used?
6. What is the budget for the recommended crisis solution?
7. What is the anticipated recovery timeline?
8. What is the anticipated outcome?

9. Please provide a current financial statement.

10. Who will be in charge of administering grant funds and reporting to the Foundation?

Please submit any pertinent photographs, videos, affidavits or other documentation to support your application.

(Signature of applicant)

(Contact information; please include all pertinent phone and email addresses.)

(Date)

(Signature of District Superintendent)

(Date)