**BARNES EVALUATION AND ADMINISTRATION TEAM (BEAT)**

**GRANT APPLICATION FOR BOARDS AND AGENCIES**

Submit your completed application to the Connectional Ministries Team who will then submit to BEAT upon approval. Contact Alina Crews with questions: acrews@ngumc.org.

Application Date: Click or tap to enter a date.

Agency Name: Click or tap here to enter text.

Pastor/Director Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

[ ] Returning Applicant – Addendum is included

[ ] First Time Applicant

REQUEST AMOUNT: Click or tap here to enter text.

PROJECT TITLE: Click or tap here to enter text.

FUNDING REQUEST CATEGORY (check all that apply)

[ ] Digital Ministry Hardware/Software

[ ] Brick and Mortar – Maintenance/Repair

[ ] Brick and Mortar - Improvement

[ ] Land Purchase Acquisition

[ ] Branding/Marketing/Communications

[ ] Staffing

[ ] Beloved Community/Anti-Racism

[ ] Training

[ ] Consultation

[ ] Church Start

[ ] Church Restart/Vital Merger

[ ] Fresh Expression

[ ] Community Engagement/Evangelism

[ ] OtherClick or tap here to enter text.

REQUIRED ATTACHMENTS

* Project Budget
* Financial Statements (current and prior 2 years)
* Annual Budgets (current and prior 2 years)
* Addendum for Returning Applicants, if applicable
* Estimate from vendors, if applicable
* Letter of Recommendation addressing the merits of the application and why it is worth funding from Connectional Ministries Team.

Brief Project Description:

Agency Mission Statement:

How does this project support the mission of the North Georgia conference?

Project Narrative/Description:

Describe the benefit to the community. Please also describe the community where the project will take place.

Please provide impact measures for the proposed project. How do you plan to measure effectiveness? What will you use to track metrics? Please include the expected number of participants for each project or subproject. What method of evaluation will you use?

If there are additional funds needed to implement the project, how will the remainder of the funds be raised? (example: agency budget; conference grant; fundraising; earned income)

What is the timeline for project implementation?

AGENCY CONTACT INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Leaders Name | Phone # | Email Address |  |
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Signatures required: By typing your name below, you are signing this application electronically.

\_Click or tap here to enter text.\_\_\_\_\_\_\_ \_\_Click or tap to enter a date.\_\_\_\_\_\_\_\_\_\_

PERSON PREPARING APPLICATION DATE

\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click or tap to enter a date.\_\_\_\_\_\_\_\_\_

AGENCY LEADER DATE