

ALABAMA-WEST FLORIDA CONFERENCE BOARD OF CHURCH DEVELOPMENT

Church Revitalization Grant Application

Church Information:

Name of church requesting grant funds: _____

District: _____ If on a circuit, name of Charge: _____

Amount Requested: \$ _____ Year congregation was organized: _____

Current number of members on roll: _____ Professions of Faith in last 3 years: _____

Average attendance in Sunday School: _____ Average Worship attendance: _____

Worship Attendance gain/loss last year: _____

Total annual compensation for clergy: \$ _____

Total apportionments as requested by the Annual Conference last year: \$ _____

Amount of the above apportionments accepted *and paid* by the church: \$ _____

“The standard for our United Methodist connectional system is 100% paid apportionments. However, if you are not there yet, your application will be considered if you meet both of the following: 1) A steady progression of percentage growth in paid apportionments, and 2) A specific plan for how and when you will reach 100%.

Project Information:

Describe the project for which you are requesting this grant. How will granted funds be used? Be concise, but thorough.

What percentage of the total cost of this project has been/will be raised by the congregation or obtained through other outside sources (i.e., loans, other grants or participants, etc.) Please list sources and amount of funds/resources made available in this manner:

The Mission, Vision, and Priorities statement of our Annual Conference is:

- Mission- Make disciples for Jesus Christ
- Vision-Cultivate dynamic, thriving congregations
- Priorities-develop lay and clergy leaders, plant new congregations & faith communities, expand mission opportunities, become a church for all God's children

Bearing this statement in mind, how will the end result of this project impact the local church and community?

Statement of Financial Condition:

In addition to these questions, please attach a copy of the latest ACTS II form, your most recent year-end Local Church Report to Annual Conference, and any other financial information you may have. If these documents do not include the total assets of the congregation, be sure to list ALL resources at the disposal of the congregation (not just the checking account or operating fund). If the list of ALL resources includes funds or assets that are not available for this project (already earmarked or designated for some other use) please list the amount and designation of each fund. This information is requested in order to help us determine the strength, potential and vitality of your local congregation.

Contact information:

Who may we contact if further information is needed to award this grant application?

Name: _____ Position: _____

Phone, E-mail, & Other Contact Info: () _____

Authorization & Certifications:

No request for funds will be considered unless that request has first been authorized by the Administrative Board/Council of the requesting church and the church’s Pastor has certified the accuracy of the information included in the application and verified the need for which the funds are requested.

Local Church: We, as representatives of the local church affirm that action was taken by our congregation’s Administrative Board/Council authorizing this application for Development Grant funds and that the information presented in this application is true and correct, to the best of our knowledge. The authorizing vote may be found recorded in the minutes of our Administrative Board/Council meeting held on the following date: _____
(Date of Board/Council Meeting)

Signed: 1. _____ 2. _____
(Chairperson, Board of Trustees) (Chairperson, Administrative Board/Council)

Pastor: With personal knowledge of the facts, after careful examination of the foregoing, I hereby certify that the submitted statements are a correct representation of the facts and recommend that this grant application be awarded in the amount indicated.

Signed: _____ Date: _____
(Pastor)

Please forward completed application and supporting documentation to Office of Congregational Development, 2600 W. Strong St., Pensacola, FL 32505. Email address sgutting@mchsi.com. Fax Number 850-433-9961

Did you...

- Answer all questions & fill in all the blanks on this form?
- Attach your latest Local Church Dash Board report?
- Attach your latest year-end Local Church Report to Annual Conference?
- Obtain all of the signatures required?