



Western North Carolina Conference

The United Methodist Church

CHURCH VITALITY APPLICATION

CHURCH/AGENCY INFORMATION

Name:

Address:

City:

State:

Zip:

District:

Is this organization a church?

Yes

GCFA#:

No

Tax ID#:

Senior or Lead Pastor of Sponsoring Church (if applicable)

First Name:

Last Name:

Email:

PERSON SUBMITTING APPLICATION

First Name:

Last Name:

Position/Title:

Contact Phone Number:

Contact Email:

MINISTRY INFORMATION

Name/Title of ministry for which funds are being requested:

Is this ministry new or existing?



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Amount Requested from Conference:

Amount Requested from District:

Total Budget for this Ministry:

Have you previously received a grant from the Conference or District?

Date:

Amount:

How were the funds used:

ATTACHMENTS UPLOADED

Detailed Budget:

Statement of Pastor's Support:

REQUEST INFORMATION

Type of Grant:

Describe the ministry this grant would fund (cast the vision).



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How many new disciples do you expect will be made through this ministry in four years?

List all partner organizations who are supporting this ministry in any way (prayer, volunteers, financial). Include dollar amounts of financial support.

We require three leaders for each ministry. Please list and include a statement from each about why this initiative is important to them.

Leader 1 First Name:

Last Name:

Email:

Statement:

Leader 2 First Name:

Last Name:

Email:

Statement:

Leader 3 First Name:

Last Name:

Email:

Statement:



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Describe your strategy for this initiative with specific goals, timeline, benchmarks and measurement for the first 6-18 months?

What is your budget for this ministry?

Your church's budget including this initiative and other expenditures beyond the annual budget for missional engagement.



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What will your team do to ensure ongoing financial sustainability? Please describe your ministry's funding strategy.