

Greenbrier District United Methodist Church

GO TEAM GRANT

Applicant Name: _____

Church: _____

Address: _____

Phone: _____

Email: _____

Name of Project or Program: _____

Location of Project or Program: _____

Date of Project or Program: _____

Describe your project or program:

How will your project or program reach people outside the walls of the church as we seek to make disciples:

Tell us about the total cost of the project or program. If additional funding other than grant funds is needed, from where will it come? If this will be an on-going project or program, how will it be funded in the future?

What are your goals for the project or program? How many people will be reached? What is the plan for follow-up to maintain new relationships that may be formed?

If more space is needed to adequately answer the questions, please use additional paper.

Amount Requested: \$ _____

Applicant Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

Lay Leader's Signature: _____ Date: _____