

**MCKENDREE DISTRICT PROGRAM MINISTRY TEAM  
GRANT APPLICATION**

Date of Application \_\_\_\_\_

Name of Church, Committee, Group: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**MINISTRY PLAN INFORMATION**

Name of Program or Event: \_\_\_\_\_

Purpose/Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time line for Program of Event: \_\_\_\_\_

Cost of Program or Event: \$ \_\_\_\_\_

Amount available from other funds \$ \_\_\_\_\_

Amount request from MDPMT \$ \_\_\_\_\_

\*\*\*\*Detailed budget **MUST** be attached\*\*\*\*\*

If other funds are available, please list: \_\_\_\_\_

\_\_\_\_\_

**THE MISSION OF THE UNITED METHODIST CHURCH:** *“To make disciples for Jesus Christ”, (2004 Book of Discipline).*

How does the Ministry Program or Event relate to this mission?

\_\_\_\_\_

\_\_\_\_\_

*(If needed, use additional pages to respond to the above questions)*

**Approval by Church Pastor and Church Council/Administrative Board Chairperson (REQUIRED)**

Signature Church Pastor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Church Official \_\_\_\_\_ Date \_\_\_\_\_

**Application must received in the McKendree Office no later that the last day of March or September**

**For District Use Only:**

Postmarked Date \_\_\_\_\_ Received Date \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

Approval District Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Approval Chair MD-PMT \_\_\_\_\_ Date \_\_\_\_\_