

COMMUNITY IMPACT GRANT REQUEST FORM

Grant Cycle - Fall 2024

Applicant

Organization: _____

Mailing Address: _____

Primary Contact Name: _____

Primary Contact Role / Position: _____

Primary Contact Phone Number: _____

Primary Contact Email: _____

Program Information

Descriptive Name (the "Program"): _____

Start Date (*if applicable*): _____

End Date (*if applicable*): _____

Requested Grant Amount: _____

Please check the box that best describes the Program:

Serving Christ by Serving Others

Projects addressing a local community issue that assists the underserved and/or rural populations.

Youth & Young Adult Initiatives

Projects focused on establishing or enhancing youth or young adult ministry to increase their encounters with Christ and support the growth of our Young Church.

Evangelization & Missionary Discipleship

Projects that assess, train, and implement effective evangelization, family ministry, hospitality strategies and/or intercultural competency.

Program Abstract

Provide a concise summary of the Program that would be supported by the requested grant, including its history, leadership, goals, and objectives.

Statement of Need

Provide the specific purpose(s) for which the requested grant will be used, the population that will be served, and the anticipated timing granted funds will be utilized.

Success Criteria & Monitoring

Provide the criteria and benchmarks that will be used to monitor the success of the Program and identify the persons responsible for monitoring compliance with these criteria and benchmarks.

Program Budget

Provide a description of the total cost of the Program, other sources of funding besides the requested grant amount, nature and extent of anticipated expenses, and any projected shortfalls.

**Submit completed applications to stewardship@dosp.org
on or before August 29, 2024 at 5pm.**