

ALL FIELDS ARE REQUIRED

STRENGTHENING THE BLACK CHURCH GRANT APPLICATION

GENERAL INFORMATION

1. Name of Church/Charge: _____
2. Pastor's Name(s): _____
3. Pastor's Contact Information:
Phone: _____ Email: _____
Address: _____
City/State/Zip _____
4. Grant Amount Requested: \$ _____

MINISTRY

5. How will the project help accomplish your church's plan for ministry?
6. Give a summary of the project.
7. Identify the community need and how the project will meet that need (attach any documentation for a community organization).
8. Summarize resources and materials needed.
9. What is the church's contribution to the project?

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SIGNATURE PAGE

*All signatures are required. Your signature affirms your recommendation of the project.
This page must be printed and signed. Digital signatures will not be accepted.*

PASTOR

Printed Name: _____

Signature: _____

CHAIR CHURCH COUNCIL

Printed Name: _____

Signature: _____

DISTRICT SUPERINTENDENT

Printed Name: _____

Signature: _____

Office Use Only

Date plan approved: _____

Date of site visit: _____

Date Application Received: _____

Forms are accepted quarterly. Return the completed form to Rev. Lester Justice at ljustice@pen-del.org by the appropriate quarterly deadline listed below:

- **March 15th**
- **June 15th**
- **September 15th**
- **December 15th**

For further questions, contact Rev. Lester Justice at ljustice@pen-del.org.